

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
February 17, 2022**

Committee Members

Kathy Chan, Cook County Health
Sue Vega, Alivio Medical Center
Nicole Villareal, CPS
Chantel Bowen, SIU School of Medicine
Edith Avila Olea, ICIRR
Nadeen Israel, AIDS Foundation of Chicago
Kristin Hartsaw, DuPage Federation on Human Services
Nancy Aguirre, Community and Residential Services Authority

HFS Staff

Kelly Cunningham
Laura Phelan
Evan Fazio
Robert Mendonsa
Arvind Goyal
Margaret Dunne
Veronica Archundia
George Jacaway
Lisa Gregory
Jose Jimenez

Committee Members Absent

Connie Schiele, HSTP
Brittany Ward, Lurie Children's Hospital
Erin Weir Lakhmani, Mathematica
Sherie Arriazola Martinez, Safer Foundation

DHS Staff**Interested Parties**

Andrea Davenport, MH Plan
Erin Willis, Molina Healthcare
Felicia Spivack, Meridian Health Plan
Laurida Dodgen, Molina Healthcare
Emily Chittajallu, LaRabida Children's Hospital
Kristine Hartsaw, DuPage Federation on Human Services Reform
Robin Lavender, DuPage County Health Department
Maeve Dixon, Cook County Health
Megan Carter, Lega Council for Health and Justice
Ryan Voyles, Heath News Illinois
Sarah Ferguson, Legal Aid Chicago
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
Brittani Provost, UIC-DSCC
Stella Vandeneeden, Age Options
Elizabeth Durkin, Age Options
David Lecik, Department on Aging
Kelsie Landers, Heartland Alliance
Michelle Baldock, IDOC

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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
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
Lisa Marie Wiseman, Humana
M Tellez, MHN Chicago
Kyrsten Emanuel, Start Early
Ken Ryan, ISMS
Heather Farina, Centene
Gretchen Grieser, CCHH
Patrick Maguire, MH Chicago
Katie Thiede, Alliance Chicago

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1. Introduction:

Chairperson Kathy Chan opened the meeting and announced that it was being recorded. The Committee members present were Sue Vega, Nadeen Israel, Kristin Hartsaw, Nicole Villareal, Chantel Bowen, Edith Avila Olea, and Nancy Aguirre. Committee members not in attendance were Erin Weir Lakhmani, Brittany Ward, Connie Schiele, and Sherie Arriazola Martinez. HFS and DHS staff members also introduced themselves.

2. Review and Approval of the Meeting Minutes from December 2, 2021:

Chairperson Kathy Chan asked for approval of the minutes from the December 2, 2021 meeting, and Sue Vega made the motion which was seconded by Nicole Villareal. The meeting minutes were approved by a vote of eight committee members in favor, four absent, and none opposed.

3. State Updates:

a. Medical Programs Update:

Kelly Cunningham responded to questions that were received from committee members:

- On February 7, HFS received conditional approval from federal CMS for its proposed HCBS spending plan. The CMS letter is posted here: <https://www2.illinois.gov/hfs/SiteCollectionDocuments/ILFY2022Q2ConditionalApproval.pdf>. Final approval is conditional on quarterly reports to keep CMS updated. The initial plan submitted in July 2021 is posted here [07122021IllinoisAPRHCBSEnhancedFMAPInitialSpendingPlanAndNarrative.pdf](https://www2.illinois.gov/hfs/SiteCollectionDocuments/07122021IllinoisAPRHCBSEnhancedFMAPInitialSpendingPlanAndNarrative.pdf), and the conditional approval received from CMS last September, requiring some additional information from HFS, is available here: <https://www2.illinois.gov/hfs/SiteCollectionDocuments/100721CMSARPAHCBSSpendPlanPartialApprovalLetter.pdf>. HFS is currently working with CMS on implementation details. Spending must conclude by March 31st, 2024.
- HFS still intends to implement the Supported Employment and Housing Supports initiatives included in the state's 1115 waiver, and is working with federal CMS to explore other federal authorities to administer these pilots and determine the best path forwards. HFS will look at how other states have implemented these services.

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- HFS is in an active solicitation and review process for the Program for All-Inclusive Care for the Elderly (PACE). There is a great deal of interest among providers who want to offer services through this model. This topic will be covered in future meetings.

- Laura Phelan provided an update regarding Family Planning. HFS has submitted two SPAs which are currently under review by federal CMS. One of these is the eligibility SPA for a partial benefit Family Planning program and the second is a Family Planning program presumptive eligibility SPA. Presumptive eligibility for family planning is modeled after Medicaid Presumptive eligibility for pregnant women, including using the same HFS portal. HFS is also developing training materials for providers. HFS has received confirmation from federal CMS that providers will not need to check immigration status for presumptive eligibility and that HFS will receive federal matching dollars regardless of citizenship or immigration status during the presumptive eligibility period. Regular Medicaid rules with respect to immigration status will remain in effect when applying for “ongoing medical coverage” through the family planning program.

- Kelly Cunningham said the Pharmacists Prescribing Hormonal Contraceptive legislation requires the establishment of a training program that pharmacists must complete before enrolling as providers who can offer contraceptive counseling. HFS is working with the University of Illinois - Chicago College of Pharmacy to develop the training program prior to submitting the State Plan Amendment.

- HFS has hired eight new Medicaid management interns. They will be working in the Division of Medical Programs and Eligibility Division.

b. DHS Update:

Leslie Cully was not available to participate in the meeting due to another commitment.

c. Eligibility Update

Laura Phelan presented the eligibility update on behalf of Tracy Keen. She indicated that as of January 31, there were 8,768 medical applications over 45 days old. She noted that the increase is due to the “Marketplace Open Enrollment” period, which ended on January 15, 2022. DHS and HFS are working together to address this backlog and expect the numbers to fall significantly next month.

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As of January, 31, 2022, there were 2,603 “redeterminations on hand.” Redeterminations are still not being processed unless they are associated to a SNAP or Cash benefit. Cases eligible for ex-parte are renewed for another year using available electronic verifications, without contacting the client for information.

With regard to Health Benefits for Immigrant Seniors (HBIS) who are 65 years of age or older, Ms. Phelan said that, as of early February 2022, the total number of individuals ever enrolled in the eligibility group was 10,311 immigrant seniors, and 9,574 active members. So far, she stated, about \$114 million has been paid out in claims. In response to a request from members of this committee, the preferred language data was included in this report: 44% of these individuals speak Spanish, 42% speak English, and just over 3% speak Polish.

Concerning a question previously had previously been raised regarding the portion of claims which is federally reimbursed under emergency Medicaid? Ms. Phelan said that currently there is no way to differentiate “by claim data.” HFS identified 13 individuals in the Health Benefits for Immigrant Seniors group who have had emergency Medicaid applications submitted and approved during their HBIS eligibility span. Claims paid under Emergency Medical for those 13 individuals totaled \$40,962 year to date. She added that, advocates have brought to our attention that there are discussions occurring in a variety of states in terms of claiming federal match for emergency services as part of coverage expansions to immigrants. HFS is looking to join this discussion with other states as a way to maximize its ability to obtain federal matching funds for eligible services.

HFS was asked if it could provide zip code level data for HBIS enrollees. Laura confirmed that HFS will provide a report of zip code level data for this group, it will not include numbers for zip codes containing fewer than 20 individuals. HFS also received an inquiry about how many HBIS enrollees have indicated that they are Legal Permanent Residents (LPR) who have been living in the US less than 5 years. There are 2,388 individuals who are LPRs with less than 5 years in the U.S., which is 23% of the 10,311 ever enrolled. HFS also can provide a report of zip code level data.

HFS was asked to provide information on how closed cases are defined. Laura Phelan said that “closed” means that an individual no longer receives

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coverage and the benefit is considered to be closed. As of this report, 737 of the of the 10,311 individuals ever enrolled have a status of closed, and 297 individuals moved from HBIS into another group when their immigration status changed. Other reasons for closure are relocation to another state, customer requested to close his/her case, or death. Ms. Phelan said that HFS continues working on expanding coverage for the new immigrant group of individuals between 55 and 64 years of age, and that changes will be available by the deadline of May, as required by legislation .

Nadeen Israel asked what is the percentage of cases that are getting ex-Parte review? Laura Phelan said that this information will be provided during The next meeting.

Amber Kirchhoff asked about the new immigrant group 55 to 64 population, observing that there appears to be discrepancy within the authorizing legislation, specifically in reference to long-term care services and Home Community-based Waiver Services, with the authorizing legislation. Laura Phelan said funds were not appropriated for HCBS and nursing facility services and that there is some concern about individuals losing access to this covered service when they turn age 65 as they currently are not included in the HBIS benefit package. HFS is presently having conversations with legislators about appropriations. HFS shared that for HCBS waiver services, if the individual is covered by MCOs, the appropriation would be to HFS; but if they are enrolled in FFS, the appropriation would need to be included within the Aging and DHS budgets. And at this time, there is no clear path to move HBIS into managed care so funding for waiver services would need to be added to Aging and DHS' budgets.

Edith Avila Olea asked if the rules for the HBIS program include Department on Aging Community Care Program services, observing that these services are not specifically listed anywhere. She asked if HFS can clarify the specific types of services included within this definition. HFS confirmed that the Aging CCP services are not part of the HBIS benefit package. Another question was related to the percentage of cases receiving ex-parte review. This information will be made available during the next meeting.

Nadeen Israel asked if there is an expected timeline regarding the housing support services pilot that was previously mentioned. Kelly Cunningham said that HFS has limited experience with 1915i and is still working with

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CMS to approve the Children's Pathways to Success Plan approved. HFS would however like to use the 1915i to implement housing benefit. She said that HFS can tentatively commit to providing an update with more substance during the summer.

d. Care coordination Update:

Robert Mendonsa provided the Care Coordination update, stating that his report is about HealthChoice Illinois, of which care coordination is an important part, although Health Choice includes far more than that. Just as a reminder 80% of Medicaid customer are enrolled in managed care. The key strategy in moving into manage care is not to replicate "fee for service" but to truly improve the lives of our customers. We are implementing a new quality strategy, which is based on five pillars. Maternal Child Health, Children's Behavioral Health, Behavioral Health for Adults, keeping people in their community, as well the general pillar around equity.

Mr. Mendonsa said one thing that the pandemic has taught us is that we need to look at the world in a different way, as such we are challenging the MCO to look at the world in different strategies and analytics – e.g., improving MCH outcomes in East St. Louis or on South Side of Chicago looks different than in Lincoln Park or Evanston. He added that we need to look at the disparities in the different geographic areas and look at how to improve the quality outcomes of our members. Mr. Mendonsa said that he continues meeting with providers monthly. We know that we need to pay our claims but going forward I would like to focus on HealthChoice, not just care coordination. Mr. Mendonsa recommended to review the information that he presented during the last MAC meeting held on <https://www2.illinois.gov/hfs/SiteCollectionDocuments/MedicaidAdvisoryCommitteeMeetingFeb4th2022FinalPresentationDeckForPostingAndDissemination.pdf>

Kristin Hartsaw said that she has found some inconsistencies concerning the Client Enrollment Broker. Mr. Mendonsa said that any specific instances or concerns should be escalated to Robert.mendonsa@illinois.gov

Nadeen Israel and Nicole Villareal asked that plan information regarding the MCO's work be shared publicly. Mr. Mendonsa said that some of this data will soon be available. Kathy Chan reminded the group of another MAC subcommittee which is the Quality Care and Health Equity from which more detailed information regarding this subject could be available.

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Elizabeth Durkin asked if there is an update concerning the MMAI is available. Robert said that last December it was about 93,400, which is an increased since we started the expansion, we were around 62,000. He said that during the April meeting an update will be provided.

Amber Kirchhoff said that a provision was passed in the Public Act 102-004 from the Black Caucus Health and Human Services Pillar bill:
<https://www.ilga.gov/legislation/publicacts/102/102-0004.htm>

Ms. Kirchhoff said there was a provision that would embed FQHC care coordinators in safety net hospitals with regard to allowing reimbursement for these services. She asked if there are any updates in terms of how this will work. Kelly Cunningham said that this is something about which she will provide a future status report.

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

Evan Fazio started his presentation indicating that during the December meeting, a preview of a messaging toolkit was shared with the committee members and interested parties. The toolkit outlines a messaging in preparation the end of the Public Health Emergency (PHE.) Evan indicated that, “the goal of this plan is to protect coverage, reduce churn, reduce inequities, and meet legal obligations.” He indicated that the plan is comprised by four phases of communications:

Phase 1: Update your information

Timing Continuous

Phase 2: Change is coming (enrollment will start on XX date; update your address, make sure you know how to re-enroll.)

Timing: Once we know PHE end date

Phase 3: Time to re-enroll (Call to action and explanation of how to accomplish this.)

Timing: After PHE ends, especially targeted to people whose redetermination is coming.

Phase 4: Transition those ineligible to ACA

Timing: after redetermination, if ineligible, redirect to Get Covered Illinois.

The first phase, “Update your address will “kick-in” soon” and it will run continuously until HFS learns more about the end of PHE. This is intended to encourage clients to update their information so that they will be able to receive the notifications sent by the state. Once HFS learns more details about the end of the PHE, a switch will be made to the second phase in order to inform clients about “the upcoming changes”.

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Mr. Fazio indicated that HFS received feedback from the National Association of Medicaid Directors and the members of the Public Education Subcommittee. Some of the suggestions are not getting too much into details about what the PHE is, as this may not be relevant to enrollees. He suggested to keep it simple and only stick with the importance of updating their addresses.

The toolkit will be posted online and shared via provider notice in the upcoming weeks. In addition, it will be shared with a variety of stakeholders, including legislations, CMS, and sister agencies. It will be translated into 10 languages, including Spanish. Also, HFS has set up an online form for individuals to report address changes.

<https://www2.illinois.gov/hfs/MedicalClients/Pages/addresschange.aspx>.

Changes can also be reported to the Bureau of All Kids 1-877-805-5312.

Mr. Fazio said that repetition is key in this process. Therefore, community partners who are interested in spreading the message, should try to stick to the messaging (of the toolkit) as closely using the templates, yet feel free to make some modifications based upon specific knowledge of the needs of their audiences.

Chairperson Kathy Chan asked if there are any indication regarding when the PHE will end. Kelly Cunningham said that the 60-day deadline of February 17th has passed without a notice from federal CMS. HFS and other states, along with national organizations continue to stress to CMS that as much advance notice as possible is critical to help with state planning. Chairperson Kathy Chan asked if there is a way to track how many people register address changes and what is the call volume of the request received. Mr. Fazio replied that the form can generate emails managed by HFS staff members, so they could be tracked. George Jacaway, Bureau of All Kids, Chief said that HFS plans to track address changes requests by phone, data will be shared with committee members as information becomes available.

Nicole Villareal asked can community organizations direct use of the ABE website and make phone calls in order to help, or does it have to come from the member? Mr. Fazio said that community organizations should not submit this information directly unless they are an authorized representative for the individual and recommended to do it in conjunction with them. Margaret Dunne added that it is very helpful for advocates and providers to assist clients to set-up and access Manage My Case (MMC portal.) She said that using MMC to update clients' addresses is a very easy way to report address changes and other important changes related to their cases.

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Another question was, will those who are ineligible for Medicaid be informed about connecting with GetCoveredIllinois for Marketplace enrollment? Evan said that this has been included in the messaging of the fourth phase. The message informs individuals if they are no longer eligible for Medicaid. It will be explained that low-cost insurance options and financial help are available in the Marketplace. In addition, part of the Notice of the Decision response is built for a referral to the Marketplace website.

Laura Phelan said that HFS will continue the collaboration with the Department of Insurance. In addition, the Governor's FY2023 proposed budget includes \$2M for HFS to assist with unwinding PHE. Although the state hasn't made a decision how to get money out the door, but this was part of the request.

David Lecik said that there is a lot of anxiety among individuals who became Medicare eligible during the PHE. He asked, if is there a procedure flow chart that can aid individuals and providers about the transition for client's who are currently receiving Medicaid benefits and became newly eligible to Medicare during PHE. He added, currently, individuals who are receiving Medicaid are not transitioned to AABD, and as a result they are not being screened. HFS will provide a response to this question during future meeting.

Kathy Chan asked, is there any collaboration with other agencies who are working with Medicare beneficiaries? Evan said that HFS envision to work with other sister agencies, along with the Department of Human Services. Kathy Chan suggested sending the toolkit to other MAC subcommittees as they may have their own constituents' groups that will help amplify the messages.

5. Open Discussion and Announcements

No items discussed during open discussion/announcement

6. Adjournment:

The meeting was adjourned at 11:27 a.m. The next meeting is scheduled for April 21, 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 ميديكيڤد! أعطنا أفضل عنوان بريدي لك! استحتاج إلى بريدينا 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*

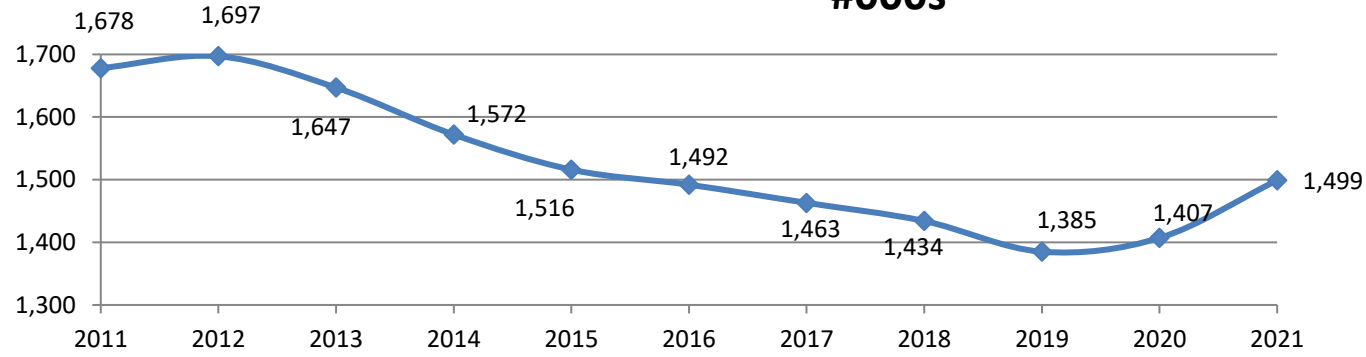
MMC rolled out on 11/01/2017

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

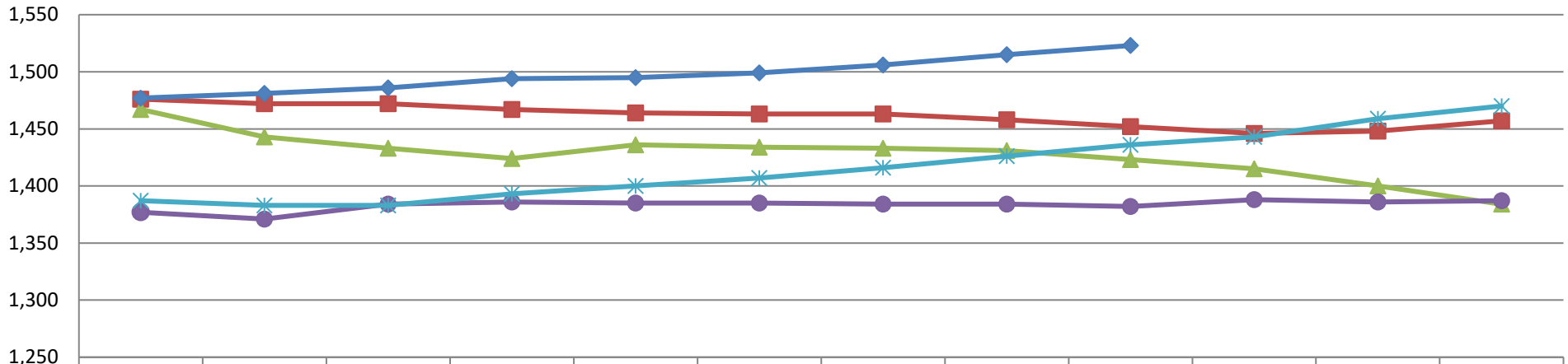
Enrolled Children End of FY11-21 #000s



End of FY	Enrolled Children FY2011-2021 #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	