

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
April 4th, 2019**

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

Committee Members

Kathy Chan, Cook County Health & Hospitals System
Brittany Ward, CPS
Sue Vega, Alivio Medical Center
Sherie Arriazola, Safer Foundation
Nadeen Israel, AIDS Foundation of Chicago

HFS Staff

Lynne Thomas
Lauren Polite
Elizabeth Lithila
Arvind Goyal
Robert Mendonsa
Jane Longo
Veronica Archundia

Committee Members Absent

Sergio Obregon, CPS
Erin Weir Lakhmani, Mathematica Policy Research
John Jansa, Smart Policy
Connie Schiele, HSTP (by phone)

DHS Staff

Gabriela Moroney
Tina Bhaga
Pete Almeida

Interested Parties

Nicole Lee, ACCESS
Andrea Kovach, Shriver Center
Sandy DeLeon, The Ounce
Marina Kurakin, Legal Council for Health and Justice
Anna Carvallo, Consultant
Paula Campbell, IPHCA
Mikal Sutton, BCBSIL
Jill Hayden, Meridian
Keisie Landers, Ever Thrive IL
Dan Rabbitt, Heartland Alliance
Judy Bowlby, Liberty Dental Plan
Sara McCoy, IHCOP
Jessica A. Pickens, Next Level Health
Jessie Beebe, AFC
Michael Lafond, Abbvie
Andrea Davenport, Meridian
Eric Johns, Meridian
Kathye Gorosh, AFC
Carrie Muenlbauer, ICCM
Meghan Carter, Legal Council for Health and Justice
Karina Gonzalez, Molina
Carrie Chapman, LCHJ
Patrick Maguire, Medical Home Network

Interested Parties (by phone)

Maria Bell, Avesis
Nelson Soltman,
Juanita Dorantes, ACCESS Community Health Network
Dave Lecik, Department on Aging
Sam Hollis, Illinois Health Hospital Association
Dave Hunter, Presence Health Partners
Robin Lavender, Du Page County Health Department
Leticia Lopez, ACCESS Community Health Network

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1. Introductions:

Chairperson Kathy Chan conducted the meeting. Attendees in Chicago and Springfield introduced themselves.

2. Review and Approval of the Meeting Minutes from December 6th, 2018 and February 7th, 2018:

Kathy Chan stated that, due to the lack of a quorum, the committee will not be able to take any actions related to the draft meeting minutes. Therefore, the minutes will not be reviewed at this meeting; instead they will be discussed during the June 6th meeting.

Kathy Chan indicated that, as the new HFS administration takes leadership, they want to share their vision on issues specially regarding working with this committee on behalf of service beneficiaries and providers. Kathy introduced Jane Longo, the Deputy Director of New Initiatives at HFS. Jane's opening remarks emphasized the importance of addressing the backlog of initial applications and redeterminations. This is a top priority for the new director, Teresa Eagleson. In order to meet the federal requirement that initial applications be processed in 45 days and to become more current with rede applications, Jane Longo has developed the following plan:

1. **Hiring new staff** at DHS and HFS in system testing, additional caseworkers' staff, HFS policy staff, ABE Customer Service staff, and DOIT staff via "DHS headcount." This process has begun and will continue into next year.
2. **Training**, especially focused on eligibility staff, making sure caseworkers have tools and knowledge to efficiently use the new system.
3. **Streamlining policies**, especially where state law and rule changes could help processing times.

Ms. Longo stated that she looks forward to all suggestions, including, but not limited to:

- a) The Ex-parte redetermination process – in order to make it available to more people. (Only about 30% are part of "Form A" process.)
 - b) Reasonable compatibility – when income is reported and compared to e-verification sources, can have 5% margin of error between what is reported and what is e-verified; HFS want to look at options for improving this process by raising it beyond 5%.
4. **Upload procedures** related to Long term Care (LTC) hubs to reduce LTC processing backlog. Possibly create some case examples and standards, although there is a need for additional information in order to explore all alternatives.

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
April 4th, 2019**

5. **Oversight of partners** via agency partners and vendors partners – monitoring partners and vendors to confirm that they are staying on schedule and using data reporting to ensure that performance and quality goals are met. Considering an independent contractor for IT vendor.

6. Open to future eligibility improvements:

- a) Further automated eligibility, i.e. real-time eligibility
- b) Express lane eligibility
- c) Expanding opportunities for community- based assistance
- d) Mobile friendly access to ABE also MMC for easier access by clients who may only have internet access via mobile device.

Jane Longo reiterated that HFS looks forward to hearing additional suggestions and comments from this committee. Sue Vega said that these initiatives appeared to be going in the right direction; however, she asked that the needs of the Spanish-speaking community be kept in mind, as well as the needs of others for whom English is not their first language. Sherie Arriazola said that this approach is refreshing and asked when HFS anticipates real-time eligibility (allowing the system to determine eligibility instead of requiring a caseworker's decision). Ms. Longo replied that HFS needs to stabilize IES first and cannot make any predictions about the timing of implementation.

Lynne Thomas added that 13 staff members have returned from retirement in order to help address newborn backlog. In addition, IES enhancements will make it possible to add newborn babies automatically to a case where the mother has an active Mom's and Babies case. No caseworker intervention will be required. These requests would be submitted by authorized hospitals and are expected to be a critical strategy to expedite the request to add a baby to a case where the mother has Medicaid coverage. It is expected that, in the future, clients would be able to submit a request to add a baby through Manage My Case (MMC), which will also be processed automatically without the intervention of a caseworker.

3. Care Coordination:

Robert Mendonsa indicated that Illinois received CMS approval for the MLTSS rollout, which will take place in six counties; however, the timing for this rollout has not been determined. HFS is expected to make an announcement sometime during the summer. A mailing will be done 60 days in advance, so that members have adequate time to make a choice. A provider notice will be issued outlining the schedule; however, at this time, it has not been determined when the provider notice will be sent. In addition, Mr. Mendonsa said that the MMAI letter is posted on the HFS website with a request to CMS to extend into 2020, with an additional two-year option: <https://www.illinois.gov/hfs/SiteCollectionDocuments/030519%20RequesttoExtendtheMMAIDemonstration.pdf>

Robert Mendonsa said that HFS has been working with the plans to reduce denials. He added that HFS considers the denial rates higher than they should be and has asked the plans to develop billing guidelines which include the completion of the Inpatient and Outpatient hospital

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
April 4th, 2019**

sections. Additionally, HFS has assigned HFS Subject Matter Experts to each section and will ask various associations to review them. HFS has also initiated biweekly meetings between provider groups and MCOs in order to try to work through any remaining issues.

Patrick Maguire indicated that MCO care coordination enrollment has been down about 100,000 members in Cook County and asked if this is attributable to IES challenges. Jane Longo acknowledged that enrollment has decreased, stating that this could be attributable to a variety of reasons, including staffing and system issues, backlog in processing, but most importantly due to individuals being termed for failure to return their rede forms on time. The decrease enrollment is not necessarily due to IES challenges.

Nadeen Israel asked about the current policy related to the processing of redetermination paperwork. Lynne Thomas said that, if someone turns in rede paperwork on time no adverse action is taken. A case will remain active until a caseworker reviews, processes it and makes a determination of eligibility. Lauren Polite added that those who lose Medicaid eligibility and are reinstated within 60 days can go back to the same MCO, but there cannot be any demographic information changes to their cases: including no changes to address, household composition; name changes, or other alteration to the case information. Most importantly, however, the reinstatement process must occur within 60 days, not just be received within that time frame.

Nadeen Israel said that she is concerned about caseworkers' errors processing cases. Jane Longo said that HFS is aware of instances of caseworker error, but there is no data showing cases being inappropriately canceled on a large scale. Lynne Thomas asked that any specific concerns should be referred to Lynne.Thomas@illinois.gov. She said that HFS is presently seeking to determine if there are system changes that could mitigate these concerns, in addition to caseworker training, and "pop up reminders". Jane Longo asserted that HFS' intention is to make it clear to this committee that HFS wants everyone who is eligible for Medicaid to remain covered, yet HFS also needs to assess the legitimacy of the clients' eligibility.

4. DHS Update:

Gabriela Moroney indicated that Governor JB Pritzker recently announced the new leadership at IDHS. Grace B. Hou was named the new Secretary of the Illinois Department of Human Services, and Pete Almeida is now the Director of Stakeholder Engagement.

Ms. Moroney indicated that the Department of Human Services, recently issued a Manual Release to provide a uniform procedure for all FCRCs across the state when assisting customers who are requesting proof of receipt of benefits. Caseworkers will complete the newly-created Proof of Receipt of Program Benefits (Form 3711). The policy can be found here:

<https://www.dhs.state.il.us/page.aspx?item=116442>

Ms. Moroney said that DHS is looking at the Notice of Proposed Rulemaking from the federal Department of Homeland Services, Inadmissibility on Public Charge Grounds. The Department has begun a planning process in order to better understand the impact on DHS customers, workload, as well as more broadly on the State.

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
April 4th, 2019**

5. ABE & IES Update:

Lauren Polite indicated that State ID Proofing is being piloted in six DHS offices, one per region: Adams, Humboldt Park, Randolph County, Vermillion County, Will County and Woodlawn.

Other FCRCs are forwarding ID Proofing requests to the All Kids Unit. It is expected that during May 2019, ID Proofing will be rolled out to all DHS offices. HFS will communicate this information so that advocates and others can share this with clients who could benefit from learning more about using State ID Proofing. Kathy Chan asked if it would be possible to discuss this issue further during the next meeting. Lauren Polite shared the following data on MMC use and FFM applications.

**ABE Manage My Case, Appeals and FFM stats
For MAC Public Education Subcommittee**

	3/21/19	2/7/19	10/3/2018	7/31/18	4/10/18	1/29/18
ABE MMC Accounts Linked	626,466	570,348	416,010	329,244	240,780	121,361
Renew My Benefits	189,378	172,590	125,603	97,679	53,557	21,992
Report My Changes	133,122	121,002	84,882	63,762	31,187	14,254
Program Adds	52,834	46,896	31,136	22,908	10,033	3,728
Member Adds	18,104	16,485	11,758	9,753	5,173	2,644
Mid-Point Reports	84,017	74,786	47,454	34,357	11,247	2,870
Appeals submitted	38,685	34,576	24,551	NA	7,380	4,673
FFM cases received since 11/2017	205,548	198,234	123,550	114,885	102,618	NA
IES cases transferred to FFM since 11/2017 **	587,906	541,228	NA	NA	NA	NA
Cumulative count of people successfully ID proofed through the State	334	NA	NA	NA	NA	NA

**HFS expanded this to include all IES cases transferred to the FFM, not just those received at the State through ABE. Previously reports no longer easily available

When asked if teens would be able to complete the State Identity Proofing, Lauren said that a teenager can complete Identify Proofing, see notices and the type of benefits for a specific case, but only the head of household is authorized to submit changes or complete a redetermination.

6. Medicaid Redetermination Update:

Elizabeth Lithila presented the report. She said that today's presentation reflects the most recent data related to Medicaid redetermination. She presented the Redetermination Report, which is attached.

Kathy Chan, Nadeen Israel, and Sherie Arriazola, as well as other interested parties, expressed their appreciation to Elizabeth Lithila and a staff-member team for preparing the redetermination

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
April 4th, 2019**

report prior to today's meeting, which makes it easier to follow along with the redetermination presentation.

7. Open Discussion and Announcements:

Prompted by a request from Sherie Arriazola regarding services provided to clients residing in work-release centers or halfway houses, also known as Adult Transitional Centers (ATC), Lynne Thomas reported that HFS has been seeking CMS confirmation that individuals at ATCs can be eligible for Medicaid. Sherie stated that this is an issue that had been announced over a year ago. However, Director Teresa Hursey said that she wanted to confirm that this is actually the case, and stated that, to date, there has not been a clear answer. She also shared that some ATC residents have successfully enrolled in Medicaid and that providers have been able to bill for services. However, Sherie would prefer that her organization receives something in writing regarding this matter from HFS.

Sherie Arriazola asked if there is a way to consider adding women onto their newborn's case after they leave the Illinois Department of Corrections, so they can be determined eligible for Medicaid more quickly. HFS will provide an update at upcoming meetings.

8. Adjournment:

The meeting was adjourned at 12:05 p.m. The next meeting is scheduled for June 6th, 2019, between 10:00 a.m. and 12:00 p.m.

**ABE Manage My Case, Appeals and FFM stats
For MAC Public Education Subcommittee
As of 4/3/19**

	4/3/19	2/7/19	10/3/2018	7/31/18	4/10/18	1/29/18
ABE MMC Accounts Linked	643,018	570,348	416,010	329,244	240,780	121,361
Renew My Benefits	193,446	172,590	125,603	97,679	53,557	21,992
Report My Changes	136,784	121,002	84,882	63,762	31,187	14,254
Program Adds	54,621	46,896	31,136	22,908	10,033	3,728
Member Adds	18,545	16,485	11,758	9,753	5,173	2,644
Mid-Point Reports	88,057	74,786	47,454	34,357	11,247	2,870
Appeals submitted	39,974	34,576	24,551	NA	7,380	4,673
FFM cases received since 11/2017	208,047	198,234	123,550	114,885	102,618	NA
IES cases transferred to FFM since 11/2017 **	609,312	541,228	NA	NA	NA	NA
Cumulative count of people successfully ID proofed through the State	449	NA	NA	NA	NA	NA

**HFS expanded this to include all IES cases transferred to the FFM, not just those received at the State through ABE. Previously reports no longer easily available.

Medical Redetermination Data 03/28/2019

Redetermination Data through 03/20/2019								
Redetermination Due Date	December 2018		January 2019		Feb-18		Past Three Months Totals	
Total Redes Mailed (Cases)	151,871	100%	137,600	100%	130,548	100%	420,019	100%
Form A Mailed	30,510	20%	42,787	31%	40,947	31%	114,244	27%
Form B Mailed	121,361	80%	94,813	69%	89,601	69%	305,775	73%
Changed/Continued	39,110	32%	38,737	41%	33,896	38%	111,743	37%
Cancelled	60,840	50%	39,921	42%	35,595	40%	136,356	45%
Cancelled for Ineligibility	2,481	2%	1,857	2%	1,278	1%	5,616	2%
Auto Cancellation (Non-Return Form B)	58,359	48%	38,064	40%	34,317	38%	130,740	43%

Redetermination Data through 03/28/2019																
Redetermination Due Date	01/2018	02/2018	03/2018	04/2018	05/2018	06/2018	07/2018	08/2018	09/2018	10/2018	11/2018	12/2018	01/2019	02/2019	Total	
Total Redes Mailed (Cases)	148,414	120,372	152,968	129,508	140,885	129,689	129,793	151,844	178,116	167,572	140,014	151,871	137,600	130,548	2,009,194	
Form A Mailed	34,162	28,099	30,584	29,939	32,832	28,978	29,024	32,845	34,867	37,943	32,703	30,510	42,787	40,947	466,220	
Form B Mailed	114,252	92,273	122,384	99,569	108,053	100,711	100,769	118,999	143,249	129,629	107,311	121,361	94,813	89,601	1,542,974	
Auto-Cancelled for Non-Response	60,514	50,216	59,069	0	43,567	41,389	40,390	45,633	59,594	57,545	46,494	58,359	38,064	34,317	635,151	
Current Medical Coverage	18,986	15,703	19,667	0	9,022	9,236	8,137	6,793	6,702	7,006	5,792	3,587	2,926	1,135	114,692	
Current Medical Coverage %	31.4%	31.3%	33.3%	0.0%	20.7%	22.3%	20.1%	14.9%	11.2%	12.2%	12.5%	6.1%	7.7%	3.3%	18.1%	
Persisting Cancellations	41,528	34,513	39,402	0	34,545	32,153	32,253	38,840	52,892	50,539	40,702	54,772	35,138	33,182	520,459	
Persisting Cancellations %	68.6%	68.7%	66.7%	0.0%	79.3%	77.7%	79.9%	85.1%	88.8%	87.8%	87.5%	93.9%	92.3%	96.7%	81.9%	

Total Potential Reinstatement Tasks Received		
Since IES Phase 2 Inception		
Status	Count	Percentage
COMPLETE	127,629	87.9%
DUPLICATE	112	0.1%
IN PROGRESS	1,153	0.8%
NEW	16,330	11.2%
Grand Total	145,224	100.0%

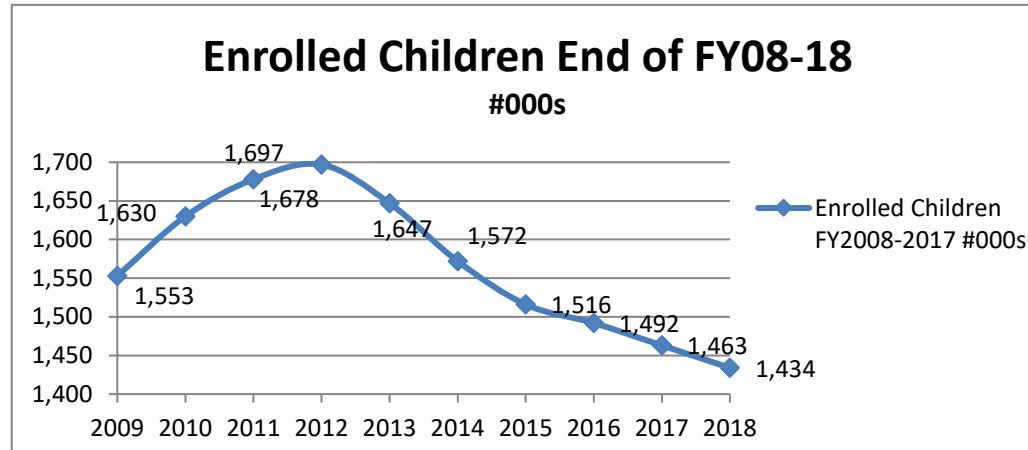
Medical Redetermination Data 03/28/2019

All Redeterminations Mailed IES Phase 2	
LANGUAGE	Percentage
English	91.25%
Spanish	7.32%
Other	0.80%
Chinese - Mandarin	0.26%
Polish	0.22%
Arabic	0.16%
Total	100.00%

Total Auto-Cancellation Language Preference	
Language	Percentage
English	89.89%
Spanish	9.11%
Other	0.57%
Polish	0.16%
Arabic	0.14%
Chinese - Mandarin	0.14%
Total	100.00%

Children's Enrollment

End of FY	Enrolled Children FY2008-2017 #000s
2009	1,553
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463
2018	1,434



End of Month 2015	Enrolled Children #000s	End of Month 2016	Enrolled Children #000s	End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s
Jan	1,540	Jan	1,505	Jan	1,476	Jan	1,467
Feb	1,540	Feb	1,502	Feb	1,472	Feb	1,443
Mar	1,532	Mar	1,501	Mar	1,472	Mar	1,433
Apr	1,527	Apr	1,497	Apr	1,467	Apr	1,424
May	1,522	May	1,495	May	1,464	May	1,436
June	1,516	June	1,492	June	1,463	June	1,434
July	1,515	July	1,491	July	1,463	July	1,433
Aug	1,514	Aug	1,492	Aug	1,458	Aug	1,431
Sept	1,513	Sept	1,488	Sept	1,452	Sept	1,423
Oct	1,510	Oct	1,482	Oct	1,446	Oct	1,415
Nov	1,508	Nov	1,481	Nov	1,448	Nov	1,400
Dec	1,503	Dec	1,477	Dec	1,457	Dec	

