

PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

April 18, 2025

VIRTUAL WebEx Meeting

10:00 AM – 12:00 PM



HFS

Illinois Department of
Healthcare and Family Services



HFS

Illinois Department of
Healthcare and Family Services

OUR VISION FOR THE FUTURE

We improve lives.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responsive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.

This is possible because:

▶ **We value our staff as our greatest asset.**

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

▶ **We are always improving.**

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

▶ **We inspire public confidence.**

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

Public Education Subcommittee Charter

The Public Education Subcommittee is established to advise the Medicaid Advisory Committee concerning materials and methods for informing individuals about health benefits available under the Department of Healthcare and Family Service's medical programs.

This subcommittee, comprised of a diverse group of stakeholders, shall:

1. Review and provide advice on brochures, pamphlets and other written materials prepared by the department;
2. Review and provide advice on HFS website content directed towards Medicaid beneficiaries and the general public;
3. Review projects designed to inform the general public about medical programs;
4. Serve as conduit for informing the Medicaid Advisory Committee and the department concerning gaps in public understanding of the medical programs;
5. Propose additional means of communicating information about medical programs;
6. Review and provide advice on program eligibility changes, customer service delivery, and eligibility processing systems, and
7. Make necessary recommendations to the Medicaid Advisory Committee

Expectations of Subcommittee Members

- Attend all regularly scheduled meetings; when this is not possible, secure prior approval from Chair to send a non-voting substitute.
- Bring healthcare and social determinants of health knowledge and subject matter expertise to bear on the work of the subcommittee in support of Illinois' Medicaid Program.
- Drive meeting agendas and work products.



House Keeping

- Meeting basics:
 - Please note, this meeting is being recorded.
 - To ensure accurate records, please type your name and organization into the chat.
 - If possible, members are asked to attend meetings with their camera's turned on, however, if you call in & need materials, please email jenna.king@illinois.gov and Margaret.dunne@illinois.gov with a copy to Melisha.Bansa@Illinois.gov as soon as safely possible.
 - Please be sure to mute your audio except when speaking.
 - Please note that HFS staff may mute participants to minimize any type of disruptive noise or feedback.
- Comments or questions during the meeting:
 - If you are a subcommittee member and wish to make a comment or ask a question during the meeting, please use the WebEx feature to raise your hand, contact the host/co-host, or unmute yourself during QA sections facilitated by chair.
 - If you are a member of the general public and wish to make a comment, please register to make a public comment prior to the meeting. Instructions to make public comments have been provided for you in the public meeting posting located on the MAC webpage.
 - If you have a question during the meeting, please utilize the Webex chat feature to send your question directly to the subcommittee chair or any of the host or co-host.

House Keeping

Meeting basics Cont.

- The chair will try to address as many questions as possible during designated sections of the meeting. We recognize that due to the limited allotted time, your question may not be answered during the meeting, therefore be sure to visit the HFS Webpage for a list of helpful resources. Your questions are important to us and will help inform the development of future presentations and informational materials.
- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning will be provided. Please email jenna.king@illinois.gov and Margaret.dunne@illinois.gov with a copy to Melisha.Bansa@Illinois.gov in advance to report any requests or accommodations you may require or use the chat to alert us of challenges during a meeting.
- Patience, please – many subcommittee members and staff are new to MAC proceedings.
- Minutes of the prior meeting will be circulated to subcommittee members in advance of each session. Once approved, they will be posted to the website.

Agenda

- I. Call to Order**
- II. Housekeeping Rules**
- III. Roll Call of Subcommittee Members**
- IV. Introduction of HFS and State Agency Staff**
- V. Review and Approval of the Meeting Minutes-
November 21,2024**
- VI. State Updates**
 - A. Division of Medical Programs**
 - B. Division of Eligibility Updates**
 - C. New Policy/ Modifications**
 - D. State Based Marketplace**

Agenda

E. HBIA/S

VII. Public Comments

VIII. Additional Business: Old and New

IX. HFS Announcements

XI. Concluding Directives and Wrap-Up

XII. Adjournment



Kate Yager, New Administrator of Division of Eligibility



BIO

Kate Yager serves as the Administrator of the Division of Medical Eligibility for the Illinois Department of Healthcare and Family Services (HFS). Kate has more than 20 years of experience in public policy in various disciplines at the state and local levels in Illinois, New York, and Tennessee. Prior to joining HFS, Kate served as the Director of Medicaid for Chicago Public Schools, and on the board of directors for the National Alliance for Medicaid in Education (NAME) as an active member of the NAME governmental affairs committee. Previously, Kate served as the Deputy Chief of Policy in the Office of Mayor Rahm Emanuel, State Policy Director at Healthy Schools Campaign, and Director of Economic Research for the Tennessee Technology Development Corporation. Kate received her Master of Arts in Economics from the University of Missouri – Kansas City and Bachelor of Arts in Economics from the State University of New York – Binghamton. In her spare time, Kate enjoys biking along Lake Michigan and going on adventures with her dog Archie.





V. Review and Approval of the Meeting Minutes- November 21,2024



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VI. State Updates



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VI. A. Division of Medical Programs





Updates since last Subcommittee

- Transforming Maternal Healthcare (TMaH)
- Status update on CCBHCs (Certified Community Behavioral Health Clinics)
- 1115 Waiver Status update
- Cell and Gene Therapy Efforts



Transforming Maternal Health Innovation Model (TMaH)



Access to Care, Infrastructure, and Workforce

Maternal health educational resources and community partnerships to support greater access to valuable resources, such as midwives, doulas, and birth centers, as well as enhanced data collection and linkage to improve information sharing



Quality Improvement and Safety

Quality initiatives and protocols with the goal of making childbirth safer and improving overall experience for mother and baby



Whole-Person Care Delivery

Comprehensive and risk-appropriate screening and referral protocols and increased coverage of care options to ensure that every mother receives care that is customized to meet their specific needs





PRE-IMPLEMENTATION YEARS 1-3

- Completion of a capabilities and gap assessment relative to value-based-payment readiness
- Establishment of organization specific improvement targets
- Regular attendance and participation in a Value Based Payment (VBP) collaborative meeting structure
- Successful planning, requirements development, and transmission of test data and associated reports to enable VBP goals

IMPLEMENTATION YEARS 4-10

- Transition to a value-based payment model
- Upside risk only in Year 4
- Upside and downside risk in Years 5-10



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Presenter: Michael Welton, Associate Administrator, Division of Medical Program



CCBHC Federal Demonstration

- HFS has been selected to participate in the federal CCBHC Demonstration Program
- Demonstration operations began on October 1, 2024
- The Demonstration provides federal authority for Illinois to certify and reimburse CCBHCs for provision of integrated mental health, substance use and physical health services
- HFS has certified 19 CCBHC locations across the state that are now participating in the Demonstration



CCBHC Demonstration Provider Locations

- Centerstone (Alton)
- Chestnut Health Systems (Bellville, Granite City)
- Heritage Behavioral Health Center (Decatur)
- The Robert Young Center (Moline, Rock Island)
- Rosecrance (Champaign, Rockford)
- Sinnissippi Centers (Dixon)
- Ecker Center for Behavioral Health (Elgin)
- Human Resources Development Institute (Chicago)
- Lutheran Social Services of Illinois (Chicago)
- Thresholds (Chicago, Woodstock)
- Bridgeway (Galesburg)
- The Link & Option Center (South Holland)
- Preferred Family Healthcare dba Clarity Healthcare (Quincy)
- Transitions of Western Illinois (Quincy)
- Trilogy Behavioral Health (Chicago)





1115 Fundamentals

Approval

- Allows the addition of new services or introduction of flexibilities that would ordinarily not be allowable under Medicaid.
- Allows services and flexibilities to be targeted to priority populations, geographic areas, or designated pilot initiatives to demonstrate impact.

Funding

- Authorizes federal **MATCHING** to offset state expenditures on approved demonstration services and flexibilities.
- **Matching available only for state expenditures that are not otherwise supported by another federal funding source.**
- Match rate is 51.38%*; for every \$100 of state-only funding spent on HRSN, the federal government will return \$51.38 to the State.



Approved Benefits/Services

- **Health-related Social Needs [HRSN]:**
 - Housing Supports (including medical respite); Food/Nutrition Services
- **Re-entry Demonstration Initiative:**
 - Coverage of pre-release services 90 days prior to release
- **Violence Prevention & Intervention:**
- **Non-medical Transportation:**
- **Continuing Benefits/Services:**
 - Substance Use Disorder (SUD) case management
 - Residential and in-patient treatment for SUD (SUD treatment in IMDs: Institutions for Mental Diseases)
 - Supported employment



How to keep informed:

Check our Website for updates and official documents:

<https://hfs.illinois.gov/medicalproviders/cc/1115demonstrationwaiverhome/1115demonstrationwaiverbhtfiveyearextension.html>

Regular Updates:

Join our list-serve for quarterly updates related to the design and implementation of the waiver.

Have Questions?

We invite all of you to contact us with questions through our dedicated inbox.
[\[HFS.1115waiver@illinois.gov\]](mailto:HFS.1115waiver@illinois.gov)

Technology Procurement:

Potential vendors who believe they may have products that can support the technology and billing processes are encouraged to monitor the Illinois Procurement BidBuy System.

[BidBuy - /view/login/login.xhtml](#)



CGT (Cell & Gene Therapy) Access Model

- Model is focused on competitive pricing curative CGT for sickle cell disease
- Allows Illinois to take advantage of pricing discounts and value-based agreements negotiated by federal CMS
- Illinois also applied for a NOFO (Notice of Funding Opportunity) to bolster funding for support services related to this break-through therapy





VI. B. Division of Eligibility Updates





VI. B. 1. Medical Applications



Medical Applications

Application Backlog Report:

Application Processing by Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Apps Received (during month)	82,016	94,283	121,248	109,969	78,340	79,397
Apps Processed (during month)	83,145	75,771	89,370	105,657	90,199	112,573
Adjustment Factor	1,283	860	2,234	3,764	6,064	3,226
Apps On Hand (end of month)	99,520	118,892	153,004	161,080	155,285	125,335
<i>Apps On Hand over 45 days (end of month)</i>	<i>65,505</i>	<i>70,809</i>	<i>86,091</i>	<i>111,067</i>	<i>115,853</i>	<i>94,369</i>
Net Change in Apps On Hand (Total)	154	19,372	34,112	8,076	-5,795	-29,950
Net Change in Apps On Hand (Over 45 days)	5,263	5,304	15,282	24,976	4,786	-21,484

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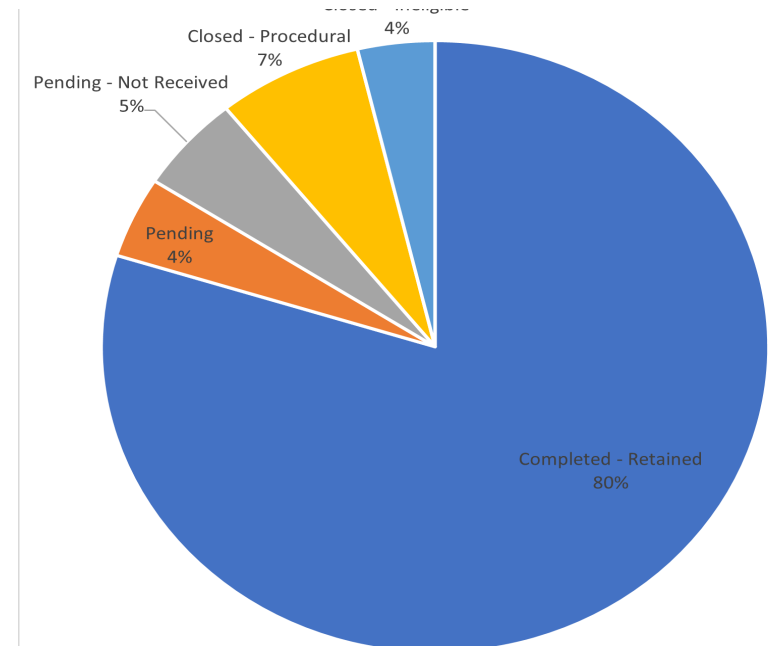
VI. B. 2. Medical Redeterminations



Redes by Status

Redetermination Status by Individual - March 2025												
Row Labels	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25 Grand Total
Completed - Retained	250,792	237,843	213,579	209,838	212,941	208,226	147,149	212,299	209,903	158,524	145,131	2,206,225
Pending	6,063	4,939	6,650	6,733	7,242	8,416	7,913	20,850	24,177	23,573	1,787	118,343
Pending - Not Received										47,049	94,146	141,195
Closed - Procedural	17,546	17,580	18,960	21,680	21,152	23,602	19,035	22,774	31,561	503	123	194,516
Closed - Ineligible	8,427	7,757	7,638	10,842	10,254	10,014	8,601	17,844	15,984	5,321	754	103,436
Grand Total	282,828	268,119	246,827	249,093	251,589	250,258	182,698	273,767	281,625	234,970	241,941	2,763,715

Status Type	Status Type Defined
Completed - Retained	Approved (Medical Benefits Continue)
Pending	Redetermination is received, but not yet processed 4%
Closed - Procedural	Failed to respond to redetermination or failed to provide supporting information
Closed - Ineligible	Over income, refused to provide information, deceased, left the home, moved out of the state, customer request to withdraw/close case



Redeterminations Received During Reconsideration Period (90 Days)

Late Reconsideration Request Responses - 23/24													
Days Late/Outcome	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Grand Total
CLOSED - INELIGIBLE	2,259	2,591	2,434	2,988	2,642	2,748	1,979	2,031	1,632				21,304
Responded within 1-30 Days	1,124	1,211	1,139	1,530	1,259	1,405	1,011	907	426				10,012
Responded within 31-60 Days	168	230	196	227	261	181	112	18					1,393
Responded within 61-90 Days	112	98	116	130	93	84	8						641
Other	855	1,052	983	1,101	1,029	1,078	848	1,106	1,206				9,258
CLOSED – PROCEDURAL (VCL)	16,100	16,203	17,708	19,993	19,668	22,040	17,895	21,177	30,350				181,134
Responded within 1-30 Days	439	424	420	651	640	687	543	663	294				4,761
Responded within 31-60 Days	129	178	170	276	270	281	303	86					1,693
Responded within 61-90 Days	144	147	189	299	183	316	55						1,333
No Response	15,388	15,454	16,929	18,767	18,575	20,756	16,994	20,428	30,056				173,347
COMPLETED - RETAINED	14,173	13,410	12,391	12,409	11,800	15,184	9,650	7,667	4,478				101,162
Responded within 1-30 Days	9,206	8,137	7,630	7,766	7,630	10,033	7,227	6,582	3,823				68,034
Responded within 31-60 Days	1,178	1,247	1,151	1,136	1,356	1,237	928	121					8,354
Responded within 61-90 Days	714	575	687	728	548	662	63						3,977
Other	3,075	3,451	2,923	2,779	2,266	3,252	1,432	964	655				20,797
PENDING	618	632	689	830	947	1,238	1,362	2,286	2,572				11,174
Responded within 1-30 Days	463	481	510	596	682	863	1,002	2,149	2,534				9,280
Responded within 31-60 Days	87	90	114	147	171	200	303	88					1,200
Responded within 61-90 Days	59	59	59	80	86	170	36						549
Other	9	2	6	7	8	5	21	49	38				145
Grand Total	33,150	32,836	33,222	36,220	35,057	41,210	30,886	33,161	39,032				314,774



Redes By County

Recipient Outcome by County – YTD																		
	CLOSED - INELIGIBLE			CLOSED - PROCEDURAL			COMPLETED - RETAINED			PENDING			PENDING - Not Received			ALL OUTCOMES		
Row Labels	COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		Total COUNT	% ROW TOTAL	
Adams	375	3%		719	6%		10,097	84%		211	2%		604	5%		12,006	100%	
Alexander	55	3%		106	6%		1,410	84%		8	0%		96	6%		1,675	100%	
Bond	116	5%		140	6%		1,921	83%		38	2%		110	5%		2,325	100%	
Boone	398	4%		688	7%		7,424	80%		292	3%		475	5%		9,277	100%	
Brown	30	4%		55	7%		675	80%		41	5%		42	5%		843	100%	
Bureau	192	4%		335	7%		3,708	76%		430	9%		216	4%		4,881	100%	
Calhoun	38	4%		91	10%		741	82%		13	1%		26	3%		909	100%	
Carroll	77	3%		132	6%		1,985	83%		82	3%		106	4%		2,382	100%	
Cass	112	4%		198	7%		2,315	78%		163	6%		162	5%		2,950	100%	
Champaign	1,016	3%		2,109	7%		25,156	82%		925	3%	1,648	5%	5%		30,854	100%	
Christian	270	5%		349	6%		4,441	80%		163	3%		298	5%		5,521	100%	
Clark	123	4%		160	6%		2,402	85%		23	1%		126	4%		2,834	100%	
Clay	120	4%		172	6%		2,180	81%		78	3%		140	5%		2,690	100%	
Clinton	173	4%		243	6%		3,355	82%		84	2%		220	5%		4,075	100%	
Coles	411	4%		621	6%		8,278	83%		135	1%		516	5%		9,961	100%	
Cook	41,871	4%		76,036	7%		880,211	80%		50,633	5%	58,086	5%	5%		1,106,837	100%	
Crawford	120	4%		198	6%		2,626	82%		99	3%		151	5%		3,194	100%	
Cumberland	58	3%		144	9%		1,376	82%		35	2%		74	4%		1,687	100%	
De Witt	102	4%		125	5%		2,153	85%		43	2%		119	5%		2,542	100%	
DeKalb	547	4%		994	6%		12,301	79%		871	6%		790	5%		15,503	100%	
Douglas	135	5%		231	8%		2,405	81%		54	2%		152	5%		2,977	100%	
DuPage	4,417	4%		8,501	8%		80,732	73%		10,336	9%	6,265	6%	6%		110,251	100%	
Edgar	122	3%		198	6%		3,044	85%		55	2%		152	4%		3,571	100%	
Edwards	37	4%		69	7%		888	85%		12	1%		40	4%		1,046	100%	
Effingham	191	4%		331	7%		3,976	83%		62	1%		223	5%		4,783	100%	
Fayette	191	5%		234	6%		3,344	83%		40	1%		213	5%		4,022	100%	
Ford	95	4%		129	6%		1,760	80%		78	4%		126	6%		2,188	100%	
Franklin	320	4%		499	6%		7,322	85%		137	2%		352	4%		8,630	100%	
Fulton	248	4%		372	6%		4,887	83%		108	2%		272	5%		5,887	100%	
Gallatin	51	4%		98	8%		985	82%		17	1%		54	4%		1,205	100%	
Greene	92	4%		177	7%		2,104	82%		55	2%		138	5%		2,566	100%	
Grundy	292	5%		516	8%		5,072	78%		291	4%		301	5%		6,472	100%	
Hamilton	47	3%		91	7%		1,101	82%		21	2%		84	6%		1,344	100%	
Hancock	102	4%		158	6%		2,303	83%		47	2%		149	5%		2,759	100%	
Hardin	32	3%		49	5%		807	87%					35	4%		926	100%	
Henderson	29	3%		62	7%		793	85%		13	1%		41	4%		938	100%	
Henry	252	4%		422	6%		5,925	84%		137	2%		313	4%		7,049	100%	
Homeless	2,667	3%		10,133	11%		69,918	79%		1,587	2%	3,835	4%	4%		88,140	100%	
Iroquois	194	4%		241	5%		3,682	82%		186	4%		201	4%		4,504	100%	
Jackson	439	4%		769	7%		9,294	83%		124	1%		521	5%		11,147	100%	
Jasper	52	4%		117	9%		1,093	80%		43	3%		68	5%		1,373	100%	
Jefferson	327	4%		484	6%		6,828	84%		148	2%		386	5%		8,173	100%	
Jersey	137	4%		199	6%		2,679	83%		101	3%		129	4%		3,245	100%	
Jo Daviess	96	4%		183	8%		1,860	79%		134	6%		95	4%		2,368	100%	
Johnson	65	3%		118	6%		1,659	84%		34	2%		97	5%		1,973	100%	



Redes By County (continued)

Recipient Outcome by County – YTD Cont.																		
	CLOSED - INELIGIBLE			CLOSED - PROCEDURAL			COMPLETED - RETAINED			PENDING			PENDING - Not Received			ALL OUTCOMES		
Row Labels	COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		Total COUNT	% ROW TOTAL	
Kane	3,244	4%		6,095	7%		63,300	75%		6,668	8%		5,063	6%		84,370	100%	
Kankakee	715	3%		1,260	6%		17,823	83%		674	3%		1,030	5%		21,502	100%	
Kendall	642	4%		1,253	8%		11,814	76%		948	6%		794	5%		15,451	100%	
Knox	358	4%		511	5%		8,214	85%		167	2%		422	4%		9,672	100%	
La Salle	648	3%		1,134	6%		15,776	82%		820	4%		828	4%		19,206	100%	
Lake	3,719	4%		7,126	7%		77,558	76%		8,473	8%		5,446	5%		102,322	100%	
Lawrence	100	4%		182	7%		2,289	82%		57	2%		148	5%		2,776	100%	
Lee	194	4%		312	6%		4,300	82%		227	4%		215	4%		5,248	100%	
Livingston	226	4%		364	7%		4,378	81%		191	4%		262	5%		5,421	100%	
Logan	173	4%		301	6%		3,975	84%		65	1%		202	4%		4,716	100%	
Macon	865	4%		1,461	6%		19,639	84%		430	2%		1,025	4%		23,420	100%	
Macoupin	323	4%		410	5%		6,550	84%		193	2%		324	4%		7,800	100%	
Madison	1,623	4%		2,831	7%		35,816	83%		936	2%		1,926	4%		43,132	100%	
Marion	375	4%		484	5%		8,280	85%		149	2%		430	4%		9,718	100%	
Marshall	60	3%		123	7%		1,369	79%		118	7%		63	4%		1,733	100%	
Mason	120	5%		146	6%		2,097	84%		25	1%		113	5%		2,501	100%	
Massac	145	4%		156	5%		2,855	86%		24	1%		142	4%		3,322	100%	
McDonough	143	3%		257	6%		4,022	86%		48	1%		186	4%		4,656	100%	
McHenry	1,505	4%		3,069	8%		27,754	73%		3,636	10%		2,119	6%		38,083	100%	
McLean	832	4%		1,338	7%		16,700	82%		543	3%		980	5%		20,393	100%	
Menard	51	3%		93	6%		1,281	84%		26	2%		82	5%		1,533	100%	
Mercer	68	4%		126	7%		1,585	83%		38	2%		100	5%		1,917	100%	
Monroe	109	5%		167	8%		1,596	78%		46	2%		117	6%		2,035	100%	
Montgomery	224	4%		278	5%		4,632	85%		88	2%		233	4%		5,455	100%	
Morgan	274	4%		363	5%		5,765	84%		122	2%		311	5%		6,835	100%	
Moultrie	115	6%		166	8%		1,583	79%		30	1%		112	6%		2,006	100%	
Ogle	306	4%		500	6%		6,256	79%		341	4%		511	6%		7,914	100%	
Out of Illinois	770	11%		303	4%		5,680	83%		16	0%		49	1%		6,818	100%	
Peoria	1,113	3%		2,361	6%		31,369	82%		1,635	4%		1,781	5%		38,259	100%	
Perry	128	4%		207	6%		2,816	83%		71	2%		177	5%		3,399	100%	
Piatt	72	4%		103	6%		1,311	81%		42	3%		92	6%		1,620	100%	
Pike	101	4%		189	7%		2,337	83%		53	2%		151	5%		2,831	100%	
Pope	22	3%		42	6%		575	87%					19	3%		662	100%	
Pulaski	48	3%		71	5%		1,224	87%					64	5%		1,408	100%	
Putnam	17	3%		47	9%		415	78%		35	7%		21	4%		535	100%	
Randolph	189	4%		316	7%		3,997	83%		56	1%		248	5%		4,806	100%	
Richland	114	4%		199	6%		2,583	82%		91	3%		149	5%		3,136	100%	
Rock Island	841	3%		1,630	6%		21,775	80%		1,622	6%		1,319	5%		27,187	100%	
Saline	228	4%		367	6%		5,219	85%		61	1%		254	4%		6,129	100%	
Sangamon	1,284	4%		2,139	6%		28,568	83%		687	2%		1,580	5%		34,258	100%	
Schuyler	50	4%		62	5%		886	78%		87	8%		53	5%		1,138	100%	
Scott	29	4%		44	6%		550	81%		8	1%		48	7%		679	100%	
Shelby	134	4%		212	7%		2,504	82%		40	1%		181	6%		3,071	100%	
St. Clair	1,777	4%		2,922	6%		41,189	84%		725	1%		2,291	5%		48,904	100%	
Stark	39	5%		45	5%		724	84%		21	2%		37	4%		866	100%	



Redes By County (continued)

Recipient Outcome by County – YTD Cont.																	
	CLOSED - INELIGIBLE			CLOSED - PROCEDURAL			COMPLETED - RETAINED			PENDING		PENDING - Not Received		ALL OUTCOMES			
Row Labels	COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		Total COUNT	% ROW TOTAL
Stephenson	329	4%		517	6%		7,295	81%		430	5%		416	5%		8,987	100%
Tazewell	747	4%		1,244	7%		15,288	82%		486	3%		877	5%		18,642	100%
Union	142	4%		212	6%		2,935	84%		81	2%		124	4%		3,494	100%
Unknown	12,926	4%		28,665	8%		292,033	80%		11,405	3%		18,620	5%		363,649	100%
Vermilion	639	3%		1,054	5%		16,575	84%		551	3%		897	5%		19,716	100%
Wabash	95	5%		102	5%		1,596	83%		37	2%		87	5%		1,917	100%
Warren	110	4%		176	6%		2,678	86%		43	1%		122	4%		3,129	100%
Washington	76	5%		137	8%		1,304	80%		40	2%		74	5%		1,631	100%
Wayne	114	4%		161	6%		2,363	84%		40	1%		139	5%		2,817	100%
White	102	4%		140	5%		2,181	84%		41	2%		122	5%		2,586	100%
Whiteside	337	3%		519	5%		8,133	83%		377	4%		480	5%		9,846	100%
Will	3,808	4%		6,722	7%		75,515	79%		4,231	4%		5,308	6%		95,584	100%
Williamson	484	4%		739	6%		10,689	84%		231	2%		620	5%		12,763	100%
Winnebago	2,464	4%		4,094	6%		54,911	83%		1,588	2%		3,202	5%		66,259	100%
Woodford	116	3%		273	8%		2,584	77%		234	7%		162	5%		3,369	100%
Grand Total	103,436	4%		194,516	7%		2,206,225	80%		118,343	4%		141,195	5%		2,763,715	100%



Redes by Language

Language by Response - March 2025						
Primary Language	RESPONDED		DID NOT RESPOND		TOTAL	
	COUNT	COLUMN %	COUNT	COLUMN %	COUNT	COLUMN %
English	223,530	89%	25,955	86%	249,485	89%
Spanish	22,211	9%	3,718	12%	25,929	9%
Other Primary Language	5,534	2%	677	2%	6,211	2%
Grand Total	251,275	100%	30,350	100%	281,625	100%

Questions?





VI. B. 3. Family Planning



Family Planning Enrollment

Year	# of Customers with FPP coverage of any type at any time within the calendar year
2022	1,963
2023	14,579
2024	33,498
2025	29,659

Current Open Enrollment by type of Application	# of Customers
Presumptive Eligibility	2,594
Stand-Alone Application	2,314
Opt-In Application	18,217
Current Total Enrollment	23,125

Data run 04/16/2025

Questions?





VI. C. New Policy/Modification





New Policy/ Policy Modifications

10/2024 - 4/2025

1. [IDHS: VTTC Eligibility Changes](#) (Published 10/8/24)
2. [IDHS: MR #24.29: Personal Needs Allowance \(PNA\) Increase to \\$120 for LTC SLP Residents](#) (Published 11/18/24)
3. [IDHS: AVS Web Portal Login Requirements](#) (Published 12/30/24)
4. [IDHS: MR #24.31: Reasonable Compatibility for Medical Programs](#) (Published 12/30/24)
5. [IDHS: MR #24.32: Pregnancy Indicator 'PT' for Medical Programs](#) (Published 12/30/24)
6. [IDHS: MR #25.03 Community Spouse Maintenance Needs Allowance and Community Spouse Resource Allowance Limit Increases](#) (Published 1/8/25)
7. [IDHS: MR #25.05 Chicago Empowerment Fund \(CEF\) Guaranteed Income Pilot](#) (Published 1/14/25)



New Policy/ Policy Modifications

10/2024 - 4/2025

8. [IDHS: Health Benefits for Immigrant Adults \(HBIA\) Sunset](#) (Published 3/10/25)
9. [IDHS: 2025 COLA Medical Only Update](#) (Published 3/13/25)
10. [IDHS: MR #25.12 Voter Registration Information Text](#) (Published 4/2/25)
11. [IDHS: MR #25.14 Updated LTC ADI Referral Criteria and Miscellaneous LTC Updates](#) (Published 4/8/25)
12. [IDHS: MR #25.13 Requirement to Apply for Other Benefits When Applying for Medical Programs](#) (Published 4/8/25)
13. [IDHS: MR #25.15 2025 Revised Medical Program Standards](#) (Published 4/9/25)
14. [IDHS: MR #25.16 Senior Community Service Employment Program \(SCSEP\)](#) (Published 4/10/25)

Questions?





VI. D. State Based Marketplace



Illinois State Based Marketplace (SBM)

In June 2023, Governor Pritzker signed legislation authorizing the Illinois State Based Marketplace

“Operating our own healthcare marketplace gives us the dexterity to offer more enrollment windows, coordinate with nonprofit partners who help families navigate insurance choices, and protect Illinoisans from any future changes in federal policy that seek to undermine access to affordable healthcare – including access to reproductive healthcare”





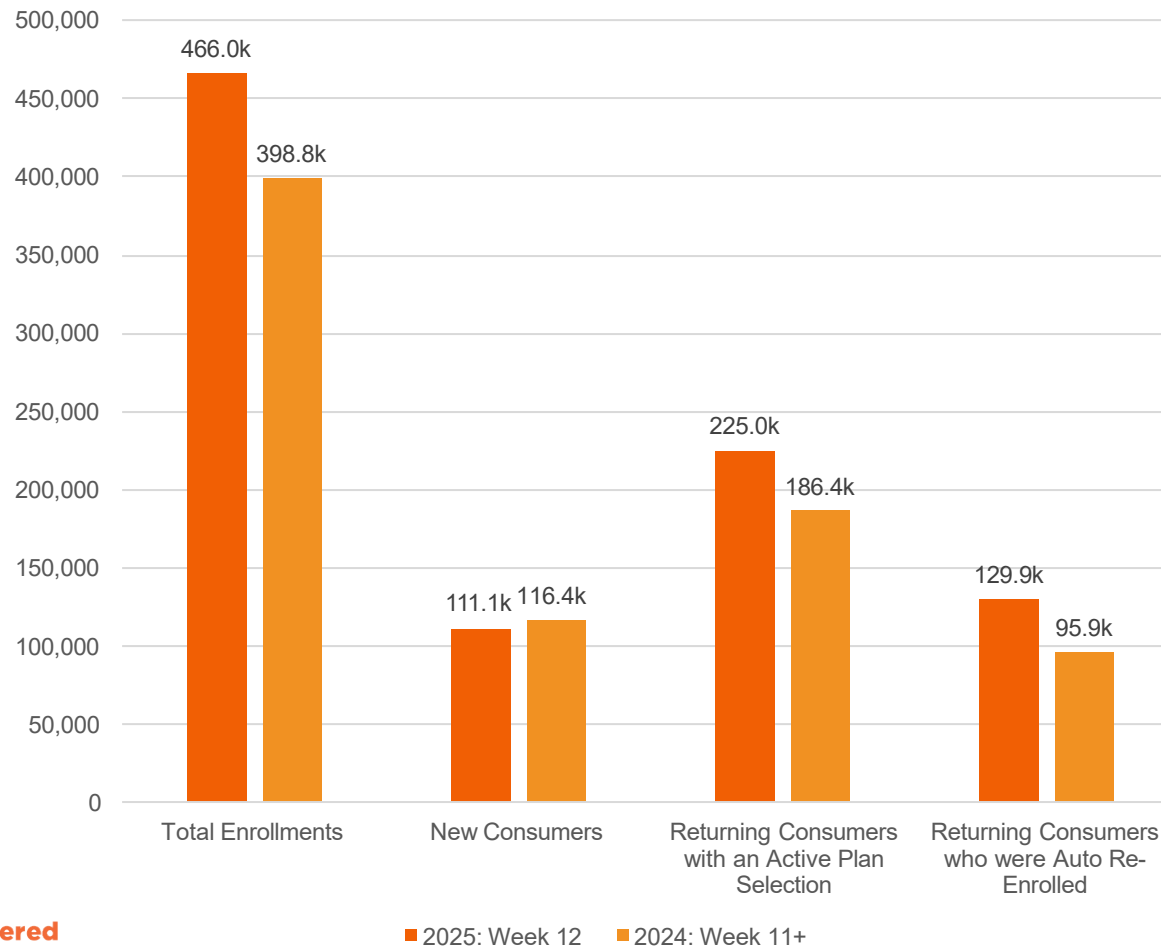
2025 Open Enrollment

- **Nearly 466,000 Illinoisans enrolled** in Get Covered Illinois Marketplace plans during our first Open Enrollment as an SBM on the Federal Platform.
- That represents a record-high **17% jump in enrollment** for the 2025 Open Enrollment period.

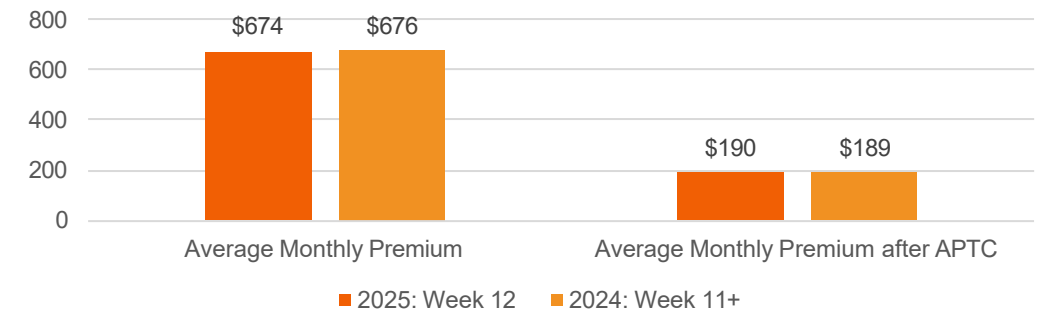
SBM Enrollment

Enrollment of new consumers was slightly behind 2024; retention of existing consumers was incredibly high. Average monthly premiums and APTC metrics are virtually the same as 2024.

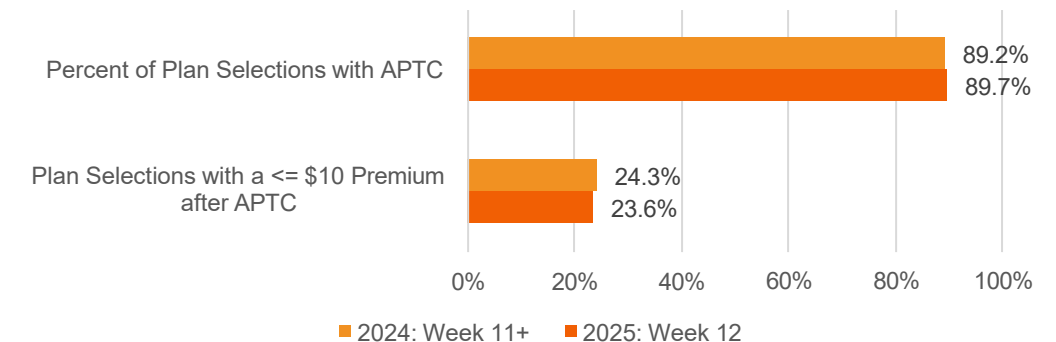
Consumer Counts



Monthly Premiums



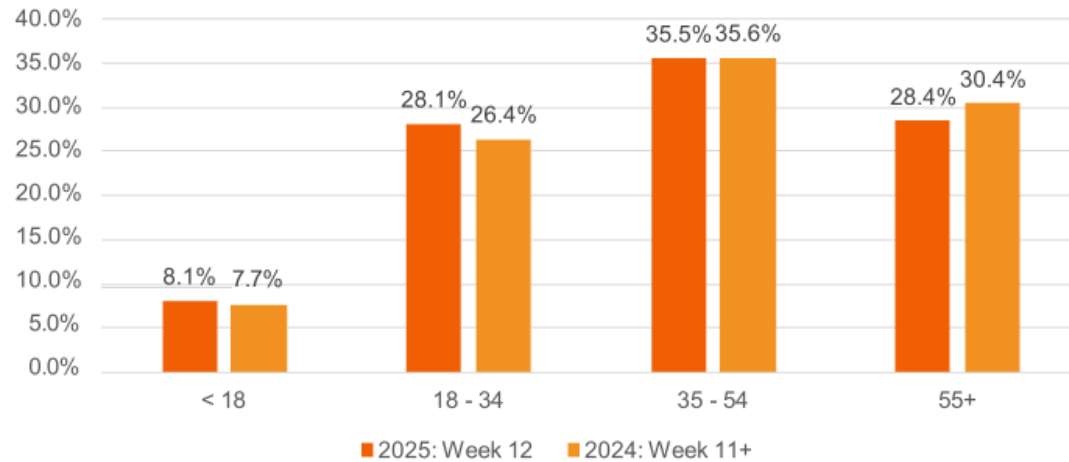
Advanced Premium Tax Credits (APTC) Impact



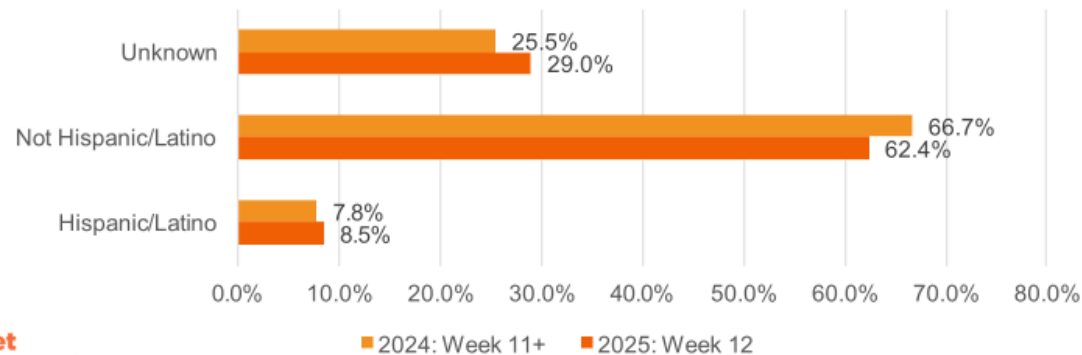
SBM Enrollment

Age, race, and ethnicity distribution is similar to the previous year, but progress was made enrolling more Latino, Black and Asian consumers.

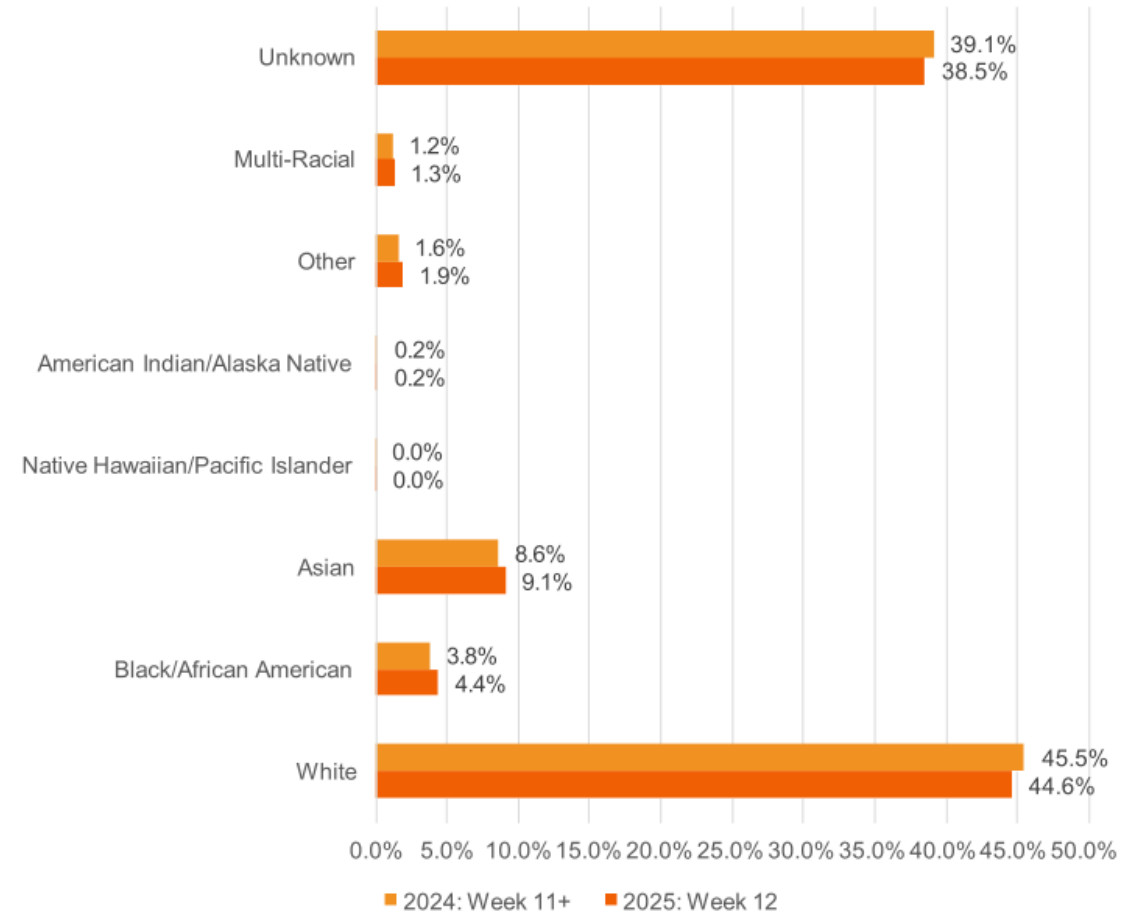
Age Distribution



Ethnicity Distribution



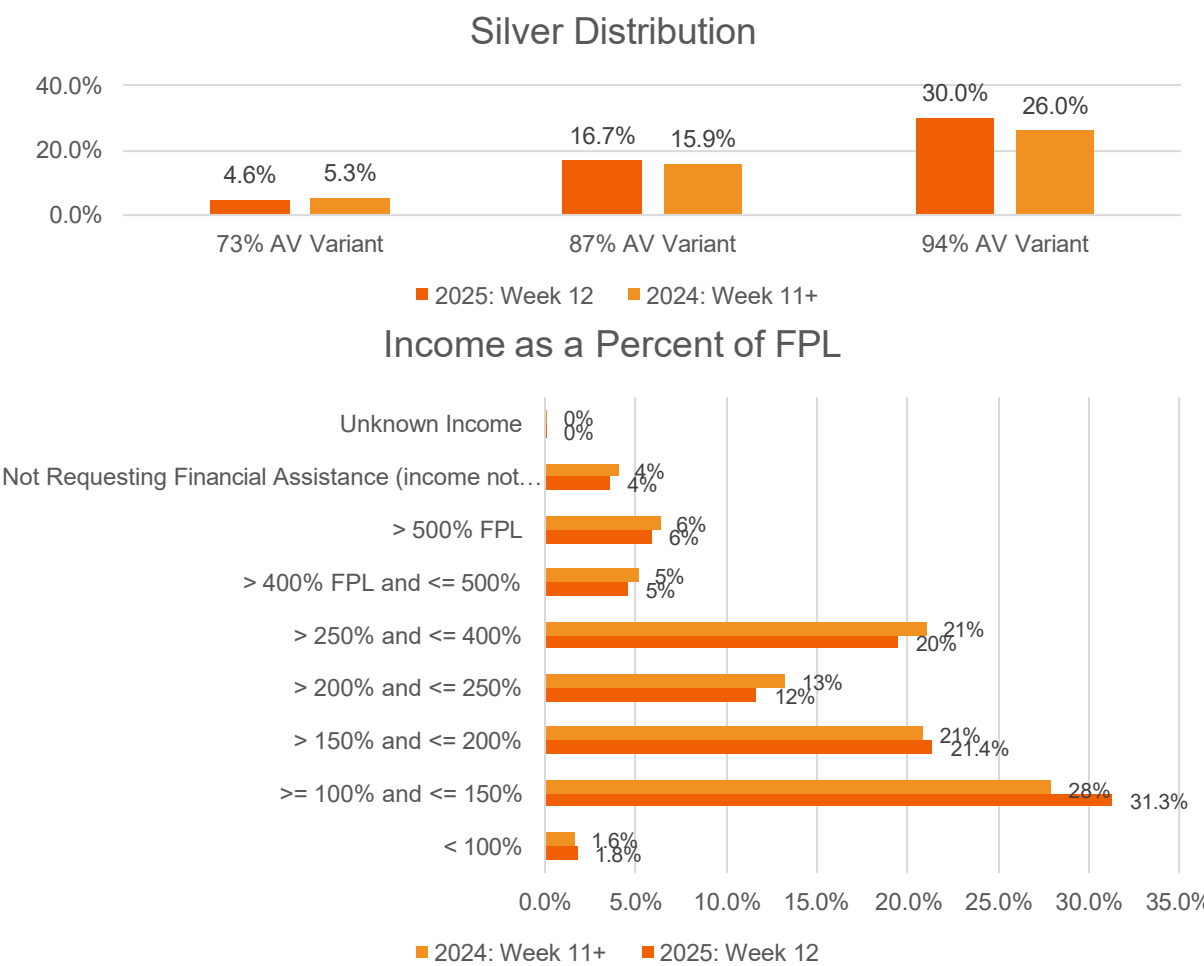
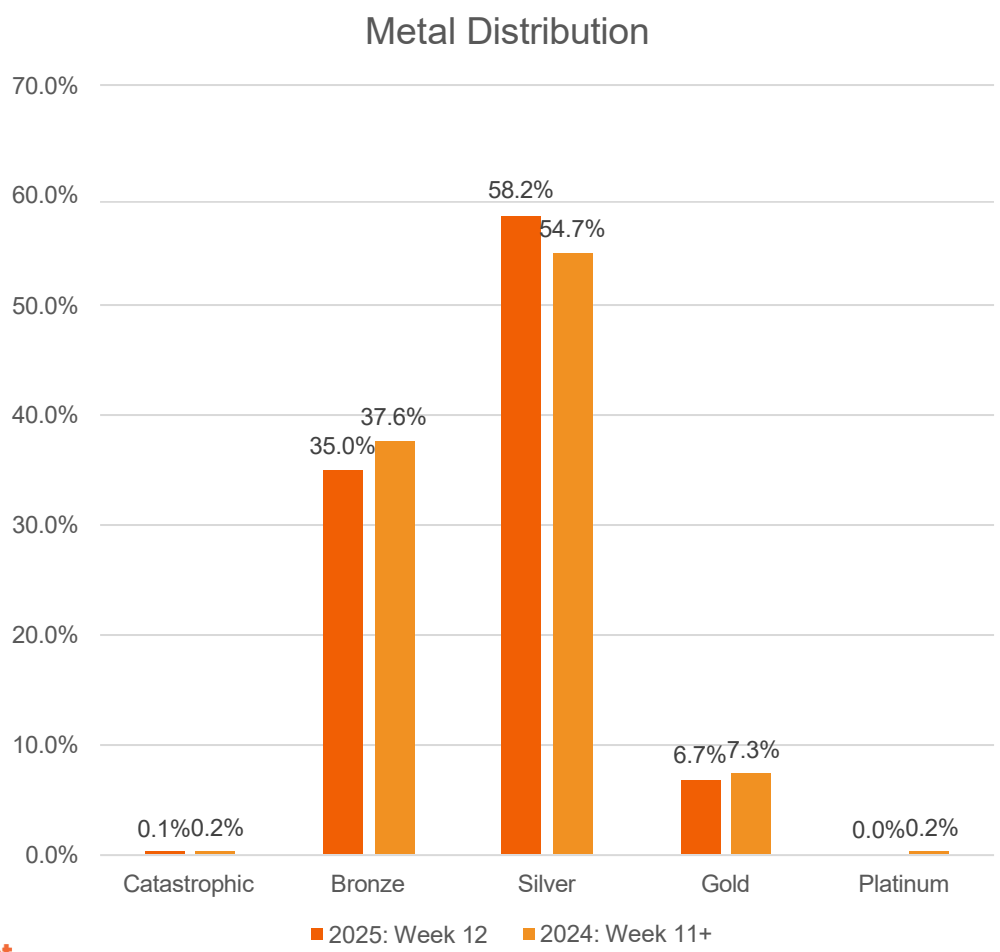
Race Distribution





SBM Enrollment

The metal level distribution remains largely unchanged from the previous year, with a slight uptick in Silver enrollment. Income as a percentage of FPL also remains largely stable.

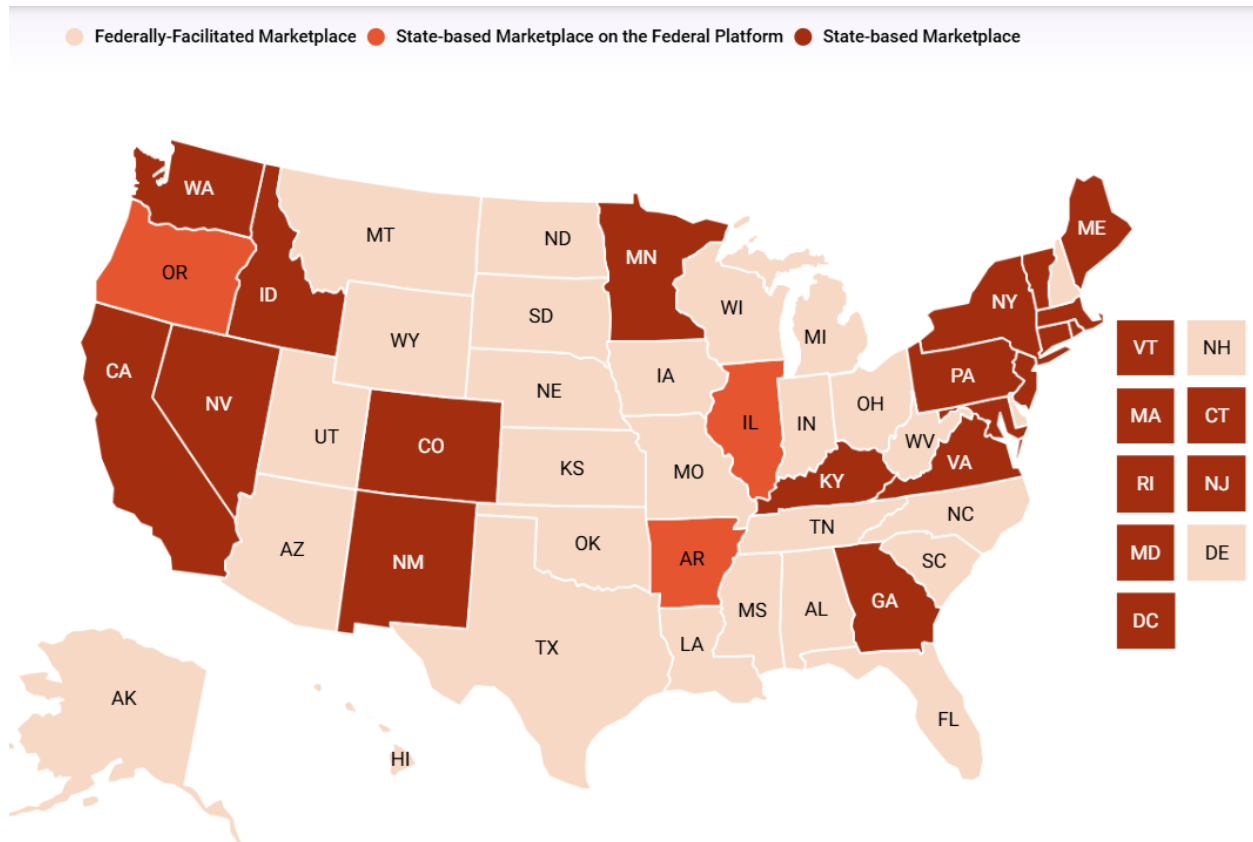


SBM Highlights

- Name: Get Covered Illinois (GCI)
- Jointly operated by HFS and DOI
- Key Partners: DHS, DoIT, Deloitte
- Key Vendor: Get Insured
 - Technology platform
 - Customer call center operations
- Stakeholder Board: Illinois Health Benefits Exchange Advisory Committee (HBEAC)
- Launch date: November 1, 2025
 - Plan Year 2026 Open Enrollment begins



SBM Landscape



Over 24 million consumers receive coverage through the health insurance marketplaces. Twenty-three states operate marketplaces, either as fully state-run entities or in partnership with the federal marketplace.

23

states operate
health insurance
marketplaces

Source: <https://statemarketplacenetwork.org/state-marketplaces/>



HFS
Illinois Department of
Healthcare and Family Services

Presenter: Stephani Becker, Deputy Administrator, State Based Marketplace

NEW Account Transfer Process Customer Notice (English/Spanish)



Not Eligible for Medicaid? Get Free Help to Enroll in Low-Cost Health Insurance

You or a family member did not qualify for Medicaid coverage but may be able to get low-cost health coverage through **Get Covered Illinois**, the state's official Health Insurance Marketplace.

Get Covered Illinois is where you can apply for financial help to lower your costs, and shop for a health plan that fits your needs. Most residents who enroll through Get Covered Illinois qualify for financial help to pay for coverage.

What types of coverage are included in all Get Covered Illinois plans?

- Preventative care, doctor visits, prescription drugs, maternity and newborn care, hospitalizations and emergency services.
- Mental health, substance use disorder, rehabilitative and other services.

What are the next steps?

1. We will send information from your Medicaid application to Get Covered Illinois for you.
2. Get Covered Illinois will mail you instructions to access your Get Covered Illinois account.
3. Once you claim your Get Covered Illinois account, you or your other family members may need to provide additional information to apply for a Get Covered Illinois health plan.

Need Help?

If you have any questions about health coverage through Get Covered Illinois, you can also:

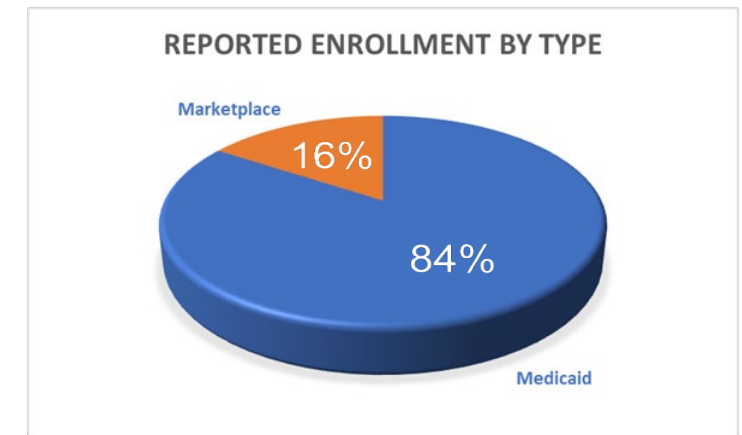
- **Call the Get Covered Illinois Customer Assistance Center at: 1-866-311-1119 (TTY 711). Translation services available.**
- **Get free in-person help through a certified assister near you. Go to [GetCoveredIllinois.gov](https://www.getcoveredillinois.gov) to learn more.**

The Department of Human Services and the Department of Healthcare and Family Services cannot help you with choosing and enrolling in a Get Covered Illinois health plan.



GCI Navigator Program 2025 & 2026

- As part of the SBM transition, this is the first year that Illinois is running our own Navigator program – a joint effort between DOI & HFS.
- In August 2024, \$6.5 Million in grants were distributed to 5 lead agencies across Illinois. Another \$500,000 was awarded in March 2025 specifically to reach Asian American and Asian immigrant communities.
- At the end of the 2025 Open Enrollment, Illinois Navigators reported helping with approximately 3,000 Marketplace plan selections and 16,000 Medicaid enrollments.
- Letter of Intent developed by HFS/DOI and posted April 1, 2025 for the 2026 Navigator grants program → a \$7 million opportunity to current grantees only.



2025 Open Enrollment

Critical Stakeholder Engagement



Groups directly impacted by the transition:

- More than 450k customers
- 11 health insurers offering more than 350 plans
- 48,000 licensed and certified insurance brokers
- 384 certified navigators/enrollment assisters



Questions?





VI. E. Health Benefits for Immigrant Adults/Seniors





HBIA Program Sunset

- The Health Benefits for Immigrant Adults (HBIA) program, which currently serves eligible individuals aged 42 to 64, will be ending effective July 1, 2025.
- The last day of medical coverage through HBIA will be June 30, 2025.
- The Health Benefits for Immigrant Seniors (HBIS) program, which serves qualifying individuals aged 65 and over, will not be changing. If a current HBIA enrollee turns 65 before the final day of HBIA coverage on June 30, 2025, they will automatically be enrolled in the HBIS program, as long as they meet the eligibility criteria for the program.
- Due to State Fiscal Year 2026 budgetary constraints, the state had to make the difficult decision to use the limited funding available to continue coverage for eligible noncitizens aged 65+ only.



Available Resources

- Individuals who are currently enrolled in HBIA may continue to have access to care through hospital financial assistance programs and primary and preventative care at Federally Qualified Health Centers (FQHC) and free and charitable clinics that serve uninsured and underinsured people regardless of their immigration status and ability to pay.
- More information and clinic locations are available online at <https://www.illinoisfreeclinics.org> and <https://iphca.org/health-center-locator>.



Emergency Services

- Individuals who are currently enrolled in HBIA will continue to have access to Emergency Medical for Noncitizens. This is a federally matchable Medicaid eligibility group that provides time-limited coverage for emergency services to individuals who are not eligible for other Medicaid eligibility categories solely due to their immigration status.
- The application pathways for Emergency Medical for Noncitizens are the same as other Medicaid coverage: online through [ABE.illinois.gov](https://abe.illinois.gov), by calling the DHS ABE Call Center, or in person at a local DHS office.
- Hospitals may also apply for coverage on behalf of a customer.
- Application Agents and Navigators can also support the application process.



Customer Communications

- HBIA enrollees were notified about the loss of coverage via mail on April 1, 2025, 90 days in advance of when coverage will terminate on June 30, 2025.
 - A Provider Notice was issued to providers on April 1, 2025.
- A small number of impacted customers who may be eligible for Marketplace coverage will receive a special second notice around May 1st, outlining how they can enroll in a Marketplace plan and potentially qualify for financial help.
- A final closure notice will be mailed on June 15th, two weeks in advance of the July 1st coverage termination date.



Additional Resources

- Illinois Department of Healthcare and Family Services website
<https://hfs.illinois.gov/medicalclients/healthbenefitsforimmigrants/healthbenefitsforimmigrantadults.html>
 - 1-pager
 - Q&A
 - Customer Notice
 - Provider Notice
 - FQHCs and Free Clinics
 - Emergency Medical for Noncitizens
 - Additional Immigrant Resources
- HFS Customer Service: 1-877-805-5312

Questions?





VII. Public Comments



HFS

Illinois Department of
Healthcare and Family Services

- Elizabeth Durkin, Manager of Health Care Education and Counseling, AgeOptions- verbal comment



VIII. Additional Business: Old and New



HFS

Illinois Department of
Healthcare and Family Services

X. Items for Future Discussion

Items For Future Discussion

- **Clarification needed for Kathy's request:** She asked how long it takes to adjudicate a new application.

Questions?





IX. HFS Announcements



HFS

Illinois Department of
Healthcare and Family Services

Pub Ed Subcommittee Resources

1. To receive Subcommittee email notifications regarding public meeting notices, sign up for our MAC and Subcommittee Listserv:
 - a. [Medicaid Advisory Committee \(MAC\) | HFS \(illinois.gov\)](#)
 - b. [MAC and Subcommittees E-mail Notification Request | HFS \(illinois.gov\)](#)

Updates to 2025 Meeting Schedule

Meeting Dates:

- Friday, June 27th at 10:00 am - 12:00pm
- Friday, August 22nd at 10:00 am - 12:00pm
- Friday, November 14th at 10:00 am - 12:00pm



X. Concluding Directives and Wrap UP



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XI. Adjournment



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