

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
April 21, 2022**

Committee Members

Kathy Chan, Cook County Health
Sherie Arriazola Martinez, Cook County Sheriff's Office
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
Connie Schiele, HSTP

HFS Staff

Tracy Keen
Laura Phelan
Evan Fazio
Robert Mendonsa
Arvind Goyal
Margaret Dunne
Veronica Archundia
Lauren Polite
Danni Mendez
Jose Jimenez
Carrington Davis
Jesse Lava
Lisa Gregory

Committee Members Absent

Nancy Aguirre, Community and Residential Services Authority
Brittany Ward, Lurie Children's Hospital
Erin Weir Lakhmani, Mathematica
Sue Vega, Alivio Medical Center

DHS Staff**Interested Parties**

Emily Chittajallu, LaRabida Children's Hospital
Maeve Dixon, Cook County Health
Meghan Carter, Lega Council for Health and Justice
Ryan Voyles, Heath News Illinois
Danica Pauline Nuestro, Meridian
Marina Kurakin, Legal Council of Chicago
Amy Edwards, UIC
Brittani Provost, UIC-DSCC
Stella Vandeneeden, Age Options
Elizabeth Durkin, Age Options
David Lecik, Department on Aging
Kelsie Landers, Heartland Alliance
Stephani Becker, Shriver Center on Poverty Law
David Hurter, AMITA Health
Amber Kirchhoff, IPHCA
Tovia Siegel, Healthy Illinois
Leticia Galvez, Care Advisors
Kelsie Landers, Heartland Alliance
Andrea Kovach, Shriver Center on Poverty Law
Ana Perez, Illinois Coalition for Immigrant and Refugee Rights
Carrie Chapman, Legal Council for Health and Justice
Samantha Hollis, Illinois Health and Hospital Association
Katherine Lustig, MHP
Lisa Marie Wiseman, Humana
Kyrsten Emanuel, Start Early

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Ken Ryan, ISMS
Heather Farina, Centene
Luvia Quiñones, Illinois Coalition for Immigrant & Refugee Rights
Jennie Pinkwater, IAAP
Jessica Alvarez,
Joshua Keeps, AHIP
Idalia Flores, ICIRR
Maddie Boente, IPCA
Dominique Stevens, Meridian
Carol West, IPHCA
Annie Gallerano, Legal Aid Chicago
Emily Gelber-Mturo, Lake County
Erin Hanna, Alternatives
Connor Bertrand,
Kelsey Gordon,
Katie Barbera, MHPlan
Jill Hayden,
Julie Mirostaw,
Laurinda Dodgen, Molina Healthcare
Luis Andrade, IARF
Jane Longo, HMA
Dani Brazee, Molina Healthcare
Michael Welton, Molina Healthcare

1. Introduction:

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

2. Review and Approval of the Meeting Minutes from February 17, 2022:

Chairperson Kathy Chan requested an amendment to the meeting minutes from February 17, 2022. She asked to have the word “preferred” added to the first paragraph on page five so that the text would state: “In response to a request from members of this committee, the preferred language was included in this report: 44% of these individuals speak Spanish, 42% speak English, and just over 3% speak Polish.” With this change the February 17, 2022 meeting minutes were approved. Kristin Hartsaw made the motion for approval, which was seconded by Edith Avila. 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:

Medicaid Administrator, Kelly Cunningham was not available to participate in this meeting. Laura Phelan provided updates regarding the HCBS spending plan and Family Planning SPA.

Laura Phelan provided an update about the Home and Community Based Services spending plan. She said that CMS recently changed its reporting requirements in relation to quarterly updates. Instead of being narrative based, it will now involve the tracking of expenditures. HFS developed a template which has been shared with sister agencies to collect updated information with respect to how funds were spent during “year-one” and updated projected spending for years two and three. HFS will submit its quarterly report to CMS in this new template beginning May 2022.

Ms. Phelan said that, in order for CMS to approve the Family Planning SPA, HFS needs to provide CMS with a demonstration of the Presumptive Eligibility Portal for the Family Planning Program. HFS is currently working on the development of this portal, as well as training materials. As a result, the SPA has been “taken off the clock” until the summer, so that subsequently, upon completion, a demonstration can be made. HFS has requested the scheduling of a meeting with CMS to discuss the covered benefits review and approval process to be sure that the program is developed in compliance with federal guidelines. HFS still has time since the Family Planning Program is not scheduled to go into effect until the end of the year. The eligibility limit for the Family Planning Program is 208% of the federal poverty level

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(FPL) plus a 5% income disregard. However, Ms. Phelan said the calculation of the FPL is a little different. The Family Planning Program will be a program of individuals, rather than households. Only the applicant's income will be counted. The individual's household size will be counted as two in the FPL calculation for parity with the pregnant woman category of eligibility.

b. DHS Update:

Leslie Cully was not available to participate in this meeting.

c. Eligibility Update

Tracy Keen provided the update. As of March 31st, HFS has fewer than 2,684 medical applications which are 45 or more days older. There has been a significant decline with respect to the numbers reported during the February meeting. Ms. Keen indicated that, as of March 31st, there were 4,447 redeterminations "on hand." HFS continues processing medical redeterminations unless they are associated with SNAP and Cash Benefits (Form B). All cases continue to be reviewed for ex-parte processing, without contacting the client for information. Of the cases due for rede at end of May, 28% were eligible for ex-parte and were sent Form A. There is a range of from 25% to 35 % of the cases which are due for redetermination.

With regard to Health Benefits for Immigrant Seniors (HBIS) who are 65 years of age or older, Ms. Keen said that, as of April 2022, HFS has enrolled 11,189 immigrant seniors, including nearly 10,243 who are active members. So far, she stated, about 140 million dollars have been paid out in claims. The language preference data was included in this report: 44% of these individuals speak Spanish, 42% speak English, and 3% speak Polish.

Tracy Keen said that she is pleased to announce that the highly anticipated, Health Benefits for Immigrant Adults (HBIA) is now "live." HFS has rolled out expanded coverage for qualified adults between the ages of 55 and 64 who are undocumented immigrants or have been legal permanent residents for fewer than five years. As of early this week, 753 individuals have been enrolled. There have been 75,000 claims received to date. Although coverage for the 55-64-year-old group was expected to be put in place by the deadline of May 2022, as required by legislation, the first day of available coverage for this group was February 1st, 2022. For approximately 57% of the individuals who are currently enrolled, the language of preference is Spanish, while approximately 35% selected English as their language of preference. Please refer to the attached reports. Chairperson Kathy Chan and Nadeen Israel congratulated HFS staff members for their expeditious work to make this possible. She also thanked all the advocates for their work to secure coverage for the uninsured.

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Tracy Keen clarified that “Health Benefits for Immigrant Seniors” (HBIS) and “Health Benefits for Immigrant Adults” (HBIA) are distinct terms, as they have different eligibility criteria and will be reported separately. HBIS has an asset test and income limit of 100%, while the HBIA has no asset test and a 138% FPL, using MAGI calculations. Therefore, she encouraged advocates not to use these terms interchangeable. Ms. Keen indicated that as a response to this committee’s request, a report regarding Zip Code Level Data for HBIS 65+ enrollees was also included within the materials.

Tracy Keen said that HFS expects to issue a Provider Notice regarding the newly eligible group which was authorized by the Illinois General Assembly during its Spring, 2022 session. This includes undocumented individuals 42 to 54 years of age who meet other eligibility criteria. Coverage for this group would start on July 1st, 2022, and no backdated coverage will be offered before this date. Ms. Keen said that adding this group will not require additional programming, since HFS will use a reference table for changing the age which should allow the process to take place relatively quickly.

In response to a request made by committee members during the February meeting, Tracy Keen provided a report regarding address change data. Tracy said that there were 3,078 address changes received through the HFS website, as well as 1,205 phone calls made to the All Kids Bureau, in addition to 1,725 address change requests received through DHS. Tracy thanked committee members for their help in getting the word out and for supporting clients in making these changes possible.

Elizabeth Durkin asked if inpatient hospice services are covered as part of the Health Benefits Immigrant Adults (HBIA) and/or the Health Benefits for Immigrant Senior (HBIS). Jose Jimenez said that HFS will provide a response regarding this inquiry during the June 16th meeting.

Edith Avila asked how race and ethnicity is determined. Tracy Keen responded that race and ethnicity are self-reported by applicants when applying for benefits. Kathy Chan asked for a list of the demographics currently requested from applicants. Tracy Keen offered to share a list of the demographics that is available from both paper and electronic applications and to offer an opportunity for feedback from committee members and interested parties.

Andrea Kovach said that the Health Benefits for Immigrant Seniors Program states that covered services include: "select Department on Aging Community Care Program (CCP) services," which are now the same services "covered" for the Health Benefits for Immigrant Adults, according to the new rules that have been published. However, Andrea said that “these select services are not listed anywhere.” Laura Phelan confirmed with Andrea that she is referring to Administrative Rules Section 118.745, which says, “Covered health care services shall be the same as covered services for

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adults described in Article V of the Code, including kidney transplants, except as provided in Section 118.750. The Department may also cover certain services, including, but not limited to, select Department of Human Services Home Services Program (HSP) services and select Department on Aging Community Care Program (CCP) services, to the extent the individual is otherwise determined eligible for those services. The rules say the Department “may” also cover. In order for HSP and CCP services to be covered under the program’s current fee-for-services framework, appropriations would need to be added to the Illinois Department of Human Services’ and the Department on Aging’s budgets to fund the services. To date, appropriations have not been provided to these agencies to cover these services. As a result, HSP and CCP services are not currently covered benefits under the Health Benefits for Immigrant Seniors or Health Benefits for Immigrant Adults programs.

Sherie Arriazola asked if there are any updates concerning the Basic Health Program and other alternative coverage options. Laura Phelan said that currently HFS does not have an update concerning this program. Legislation is needed.

A question from the chat asked if end stage renal disease is covered as a benefit for the HBIA and HBIS groups. Jose Jimenez said that HBIA and HBIS does cover renal disease services.

Margaret Dunne shared a notice that was recently published for All Kids Application Agents, which is included in the meeting materials that were distributed. She said that HFS has changed the name of the All Kids Application Agents to HFS Application Agents. The new term, she stated, is more appropriate and inclusive, since the assisters are helping individuals of different ages, groups, and communities. Along with this change, HFS also reviewed and edited legal documents and requirements for Application Agents. For this reason, existing All Kids Application Agents have been asked to complete new agreements. HFS will also be updating our list of Application Agents after we have completed this process.

Margaret Dunne explained the new requirements in the packet in detail, which includes:

- An Application Agent Agreement
- A Business Associate Agreement
- A W-9 Form

Submit paperwork by July 1, 2022 at HFS.ApplicationAssisters@illinois.gov

Instructions on how to apply to become a new Application Agent can be found on the [Become an HFS Application Agent](#) page. All required forms should be submitted to the HFS.ApplicationAssisters@illinois.gov mailbox. Prospective HFS Application Agents need

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to submit a request to become an agent. [Application Agent Request Form](#) and submit to HFS.ApplicationAssisters@illinois.gov

Margaret said that HFS will now require Application Agents to complete and submit a newly drafted [Application Agent Customer Authorization Form](#) when submitting applications, together with (or on behalf of) a client through <https://abe.illinois.gov/abe/access/>. HFS supplied a template of this form which should be copied onto an agency's own letterhead and needs to be signed by the customer for whom an application is being made. During the remainder of the PHE period authorization can be obtained verbally if assistance is provided over the phone. For phone assistance the Telephonic Consent form would also have to be completed as well to allow the Agent to submit an application on the customer's behalf. The new Customer authorization Form will allow the Application Agent to communicate with a HFS or DHS Caseworker on behalf of a customer.

Kristin Hartsaw asked who should register and whether agencies which help with applications but might not need this level of access should still register?

Margaret said that, when assisting an individual with an application, it would be better for an agency to be an HFS Application Agent, since this provides a level of assurance that the rules are correctly being followed and the assister is knowledgeable about programs. An additional benefit for agencies is that they can check on the status of applications, upload documents before an application is registered, and provide redetermination assistance, among other things.

A question from the chat was: "Can application agents access an individual's Form B redetermination online?" Margaret answered: "No, the Application Agent cannot access the form, but the individual can access through Manage My Case. The Agent can assist the customer in completing the online or paper form and can fax the form and other documents on behalf on the customer.

From the chat, it was asked why a W-9 was necessary. Margaret Dunne responded that application agents need to enroll through IMPACT and this document is required for enrollment and needs to be kept on file. Once an agency has completed an enrollment and required documents the agency will be assigned a Provider ID number.

Sherie Arriazola-Martinez asked if enrolling as an HFS Application Agent would allow one to sign in to get updates on the status of applications, including the type of coverage the person has, as well as having access to Medicaid ID numbers. Margaret said that Application Agents will be able to view four simple status indications, such as: Approved, Denied, Pending, and Closed in ABE. Application Agents will also be able to access MEDI with their assigned Medicaid ID and be able to see redetermination dates, RIN numbers, coverage status and the selected or assigned MCO.

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d. HealthChoice Illinois:

Robert Mendonsa who had attended almost the full duration of the meeting, had to join another meeting about five minutes before the session ended

4. Planning for the End of the PHE

Tracy Keen provided the update. She said that HFS still does not have an estimated date for the end of the Public Health Emergency. A 60-day notice is expected. She added that, by May 15th or 16th, CMS will announce its ending or extension. If the PHE is ended, it is anticipated that this will take place in mid-July. Ms. Keen emphasized that no one will be cut off before the end of July 31. However, HFS needs to restart redes at end of the PHE. CMS is giving states three options to restart redeterminations with respect to how to quickly start sending out the necessary forms. For the purpose of exemplify this conversation, Ms. Keen stated, "Let's assume that the Public Health Emergency ends on July 31, 2022.

1. Option A: We will have to start mailing Form B renewals at the end of June for members whose coverage is currently certified through August. Therefore, the first day of coverage loss could be September 1st.
2. Option B: We will have to start mailing Form B at the end of the month when the PHE ends (July). For members whose coverage is scheduled to end on September, first day of coverage loss could be October 1st.
3. Option C: We will move that one more month. We will move the start mailing at the month following the month when the PHE ends. This means mailed end of August, for members whose coverage set to end October 31, Then, the first loss of coverage could be November 1st.

HFS is looking at all options, and a decision has not yet been made as to which option will be selected. Ms. Keen added that CMS is giving states 14 months to complete redeterminations, which would start the month rede notices are sent out. At end of 14 months, all redeterminations would need to be completed. Notices would need to be mailed to everyone within 12 months, with activities to be completed within 14 months.

Tracy Keen said that HFS is looking into allowing zero income households to be redetermined by the ex-parte process. Because the original language was a bit restrictive, HFS has applied for a waiver to allow for \$0 income households to be eligible for ex-parte coverage as long as they have attested to zero income for up to 12 months prior to the beginning of the PHE. HFS is expecting that this would be approved, asking for a July 1st start date. However, this is contingent upon approval. This flexibility will be only for the unwinding period.

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Kathy Chan said that this is great news. She also asked how many households could be impacted by zero income ex-parte. Ms. Keen said that a good percentage of households could be eligible for Form A (about 30-40% of those currently receiving Form B). If the PHE is extended, she explained, the dates will change, but the same premises would be applied.

Tracy Keen indicated that another bit of good news is that HFS is in the process of submitting a waiver asking for flexibilities to accept address changes from MCOs. Federal CMS is allowing this without reaching out to the members first, only if the MCO address is known to be more recent than the address on record with HFS. If this requirement is met it should be possible to accept address changes from MCO partners. One important aspect is that it will be necessary to compare the information on record to the information provided by the MCOs, and if “the date” of the information is more recent than the address provided by the MCO, then the information within the system will remain. That is a stipulation which CMS put in its guidelines.

Another important flexibility is the option to use SNAP income for Medicaid redetermination. HFS is actively working on this with CMS which has been providing clarification. What this means is that, for individuals who are actively receiving SNAP, and are not due for redetermination of SNAP at the same time, it will be possible to use that income to determine the ex-parte process. There would be two ways to be eligible for Form A within this process.

In addition, HFS is considering continuing 30% reasonable compatibility for income during PHE (instead of 10%) – possibly extending past PHE, which is under review. HFS clarified that the flexibilities are only available during the PHE unwinding process, but depending on how this works out, HFS might seek permission to make the process permanent. The committee will be informed about any new developments.

From the chat, a question was asked, what will happen to other flexibilities which have been exercised in response to COVID, such as: suspending premiums and co-pays or prior authorizations for certain services. Tracy Keen said that HFS does not anticipate the need to reinstate premium payments for All Kids level 1 or 2, because coverage is moving to Medicaid expansions for this group. At some point, HBWD premiums will be reinstated, although it has not yet been determined when.

Laura Phelan said that, with respect to COVID-related services for uninsured, CMS does not have any authority to extend the optional uninsured group past the end of the PHE.

Laura Phelan said HFS is reviewing which Disaster SPA flexibilities might be extended beyond PHE. In relation to the 1135 waiver, CMS has said 1135 waiver authorities cannot be extended, however, the end dates of the 1135 waivers vary

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depending on the flexibility and some extend for three or six months beyond the end of the PHE.

Ms. Phelan said that the HFS uninsured program includes coverage of COVID-19 vaccine administration. Testing is also included. The asterisk next to the COVID-19 fee schedule note that coverage is included for the uninsured group and vaccine administration has an asterisk next to it. See updated fee schedule at: <https://www2.illinois.gov/hfs/SiteCollectionDocuments/COVID19FeeScheduleEffective04182022Final.pdf>.

Ms. Phelan said that HFS is currently seeking to determine whether it is possible to make system changes to cover treatment for the uninsured. For testing and treatment, not all the federally required information is currently being collected. COVID-19 treatment for the uninsured is covered for non-citizens as part of Emergency Medicaid.

Tracy Keen said that, for those currently in ACA who became eligible during PHE, but are now eligible as AABD, HFS will be working on moving them into AABD, without the asset test. Eligibility would not be updated until their rede. That is when they might be at risk of being moved into spend-down. CMS guidance says that someone's status can't be changed without performing a redetermination. Carrie Chapman said that advocates will be interested in helping in the development of the communication for individuals in terms of how to navigate the spend-down program or who may be confused because of the idea that Medicaid is ending.

Chairperson Kathy Chan suggested that, if the federal CMS makes the announcement of the end of the PHE on May 15/16, the subcommittee should reconvene shortly after this date, assuming that the PHE will end in mid-July, so that committee members be able to review the operational plan for end of PHE. Tracy Keen welcomed the suggestion and asked that a placeholder date on the calendar be established at the end of May.

Kristin Hartsaw asked about the basic income pilot programs and if these will impact Medicaid or SNAP eligibility. Tracy Keen said that, if an individual is in the AABD program, the income received through this pilot program is not exempt, as it is considered a "gift." However, for individuals who are in the Family Care program, all Kids Program, Moms and Babies Program, and ACA Adult Program, because the MAGIA methodology is used, the income for these pilot programs is exempt. Nadeen Israel asked if it is possible to receive a fact sheet with a list of programs and the impact of the income received.

Finally, Carrie Chapman asked if the HBIS and HBIA will be moved to Managed Care. Laura Phelan said that this will not happen in the near future because of the system changes it would require; however, the hope is that we will be able to cover them through managed care at some point so they can receive Care Coordination services.

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Nadeen Israel asked for an update from HFS on the supportive employment and supportive housing pilots that were originally part of the 1115 BH waiver. She said that during the February meeting, Kelly Cunningham said that an update will be provided during the summer.

5. Open Discussion and Announcements

No items discussed during open discussion/announcement

6. Adjournment:

The meeting was adjourned at 12:04. The next meeting is scheduled for April 21, 2022, between 10:00 a.m. and 12:00 p.m.

Messaging Toolkit for Phase 1 of the End of the Public Health Emergency

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

The Illinois Department of Healthcare and Family Services (HFS) is taking steps to prepare for the end of the Federal Covid-19 Public Health Emergency (PHE). When the PHE ends, the federal Centers for Medicare & Medicaid Services will end its continuous coverage provision. This provision has allowed HFS to keep Medicaid customers insured without confirming all eligibility requirements. As a result of this continuous eligibility, Medicaid customers have not been asked to update their information for two years. That new information is now critical for their continued coverage.

As the PHE ends, the Department's goals are to protect coverage for as many people as possible, reduce churn, reduce inequities, fulfill all legal requirements, and meet federally mandated timeframes.

The Department does not know when the PHE will end. When it does, HFS will send redetermination materials to each household during the month when they would have been up for renewal if weren't for the PHE's continuous coverage provision.

To help as many people as possible keep their Medicaid coverage, HFS needs updated addresses to send people their renewal forms. We need to do everything we can to make sure they receive their forms and return them, and we request your help to accomplish this.

People who use Medicaid can update their addresses two ways: calling the HFS hotline (877-805-5312), or through an HFS web form (www2.illinois.gov/hfs/address). In the toolkit below, HFS has provided templates messages for you to use to encourage people to call the hotline or visit the web form.

Please distribute these messages far and wide to reach as many people who use Illinois Medicaid as possible. Repetition is key to adoption, so please send these multiple times. Please feel free to adapt this messaging to suit your needs as you conduct your outreach, but bear in mind research has shown that getting into too much detail about the public health emergency is counterproductive to the effectiveness of using these messages to get updated addresses.

We are translating this toolkit. Check back soon for translated versions of the messaging and graphics.

View online at: <https://www2.illinois.gov/hfs/Pages/AddressUpdateMessagingToolkit.aspx>.

Four phases of communication:

Phase 1: Update your information

Timing: Continuous

Phase 2: Prepare for change (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 messaging and explanation of how to accomplish this)

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

Phase 4: Transition those ineligible to ACA

Timing: After redetermination, if ineligible, redirect to Get Covered Illinois

Phase 1: Update your information

General messaging for MCOs, HFS and state agencies, healthcare providers, advocacy organizations and community partners. Please distribute multiple times via all available channels (email, text, flyers, social media, etc.).

Phase 1 Global Messages

Medicaid members! Don't risk losing your health insurance. Update your address with Illinois Medicaid.






Illinois Medicaid needs to send you paperwork. To keep your health insurance, use an address where mail can always reach you.

Updating your address is easy, fast and free. Call 877-805-5312 from 7:45am–4:30pm or visit www2.illinois.gov/hfs/address. If you use a TTY, call 1-877-204-1012.

Template Messages

Please distribute these messages through all available channels. Repetition is key! For best results, please send messages at least three to seven times.

Social

 Medicaid members! Don't risk losing your health insurance   . Update your mailing address with Illinois Medicaid ! Free at 877-805-5312 from 7:45am–4:30pm or visit www2.illinois.gov/hfs/address [attach social media graphic]

[Download IL Medicaid Address Update Social Media Graphic](#)

Text:

Medicaid member! Don't risk losing your health insurance. Update your address with IL Medicaid! Free at 877-805-5312 from 7:45am–4:30pm. Reply STOP to stop

IVR Script:

Don't risk losing your health insurance. Illinois Medicaid needs to send you paperwork. When our agent joins the line, let them know you need to update your address. To keep your health insurance, use an address where mail can always reach you. We will not share your information.

Website language:

Medicaid members! Don't risk losing your health insurance. Please update your address with Illinois Medicaid. It's easy, fast, and free: Call 877-805-5312 from 7:45am–4:30pm or visit www2.illinois.gov/hfs/address. If you use a TTY, call 1-877-204-1012.

Email language

Dear Medicaid member,

Don't risk losing your health insurance. Please, update your address with Illinois Medicaid today!

Illinois Medicaid needs to send you paperwork. To keep your health insurance, use an address where mail can always reach you.

Medicaid pays for your healthcare, like visits to your doctor and your medicine. By updating your address, you can avoid surprises and get updates about your insurance.

Take charge of your health ! Please take care of this right away so you can keep the health insurance you have. Call 877-805-5312 for free from 7:45am – 4:30pm. If you use a TTY, call 1-877-204-1012. Or visit www2.illinois.gov/hfs/address.

Flyer - *see download links below*

Do you get health insurance through Medicaid?

Don't risk losing your health insurance. To keep your insurance, Illinois Medicaid needs to be able to send you paperwork. Give them an address where mail can always reach you.

Updating your address is easy, fast, and free:

- Call 877-805-5312 for from 7:45am – 4:30pm. If you use a TTY, call 1-877-204-1012.
- Visit www2.illinois.gov/hfs/address

Medicaid pays for your healthcare, like visits to your doctor and your medicine. By updating your address, you can avoid surprises and get updates about your insurance. That way you can still see your doctor and pay for your medicine.

Please take care of this right away so you can keep the health insurance you have.

[Download IL Medicaid Address Update Flyer – Color](#)

[Download IL Medicaid Address Update Flyer – Black and White](#)

Outbound Call Script:

Hello, this is YOUR NAME from ORGANIZATION. Is CUSTOMER NAME here? [WAIT]

Hi CUSTOMER NAME, I'm calling from ORGANIZATION to help you keep your Medicaid health insurance. Illinois Medicaid will need your address to send you paperwork about keeping your health insurance. Do you have a minute to update your address? [CUSTOMER RESPONSE]

Ok let's get started! You can update your address online or by calling the Medicaid hotline. Which do you want to do?

IF ONLINE: OK, can you get to a web browser? Visit www2.illinois.gov/hfs/address. You can start filling that form out now and I'll stay on the line in case you have questions. Let me know when you are done!

IF PHONE: OK, to keep your information safe the state requires that you give them your address directly. Can you write down this number to call them? Call 1-877-805-5312 and select Option 8 to report an address change.

If they need reassurance that this isn't a scam, direct them to the state website with the ONLINE script.

PSA or Radio

Do you get health insurance through Medicaid?

Don't risk losing your health insurance! Illinois Medicaid needs to send you paperwork. Give them an address where mail can always reach you.

Updating your address is easy, fast, and free. Call 877-805-5312. That's 877-805-5312. 877-805-5312.

Immigrant Adults 55-64
(Report Run Date: 4/19/2022)

MangPCd
NI

MangPCdDesc
Benefit Coverage for Immigrant Adults

Active_Closed	Customer_Count	Claims Received - Payable Amount
Active	753	\$75,792.51
Closed	35	\$124.54
Total	788	\$75,917.05

Type_Of_Claim	Claims Received - Payable Amount
Inpatient	\$41,648.09
Outpatient	\$23,396.40
Other	\$10,872.56
Total	75,917.05

Record_Type	Claims Received - Payable Amount
Cook County Health System	\$20,054.54
Other	\$55,862.51
Total	\$75,917.05

RACE	Customer_Count - Active
American Indian or Alaskan Native	8
Asian Indian	20
Black or African American	26
Chinese	7
Filipino	16
Korean	2
Other Asian	16
Other Pacific Islander	31
Unknown	284
Vietnamese	2
White	341
Total	753

ETHNICITY	Customer_Count - Active
Another Hispanic, Latino, or Spanish origin	99
Mexican, Mexican American, Chicano/a	364
Non-Hispanic/Latino	137
Puerto Rican	1
Unknown	152
Total	753

County	Customer_Count - Active
Homeless	9
Boone	1
Bureau	2
Champaign	3
Christian	1
Coles	1
Cook	587
DuPage	30
Jackson	1
Kane	31
Kankakee	8
Kendall	1
La Salle	1
Lake	28
Macon	1
McHenry	7
Randolph	2
Rock Island	1
St. Clair	2
Tazewell	1
Will	20
Winnebago	15
All Counties	753
Cook & Collar	675
% of total	90

LANGUAGE_PREF	Customer_Count - Active
Amharic	1
Arabic	6
Chinese - Mandarin	4
English	266
Gujarati	4
Hindi	2
Khmer	1
Korean	2
Other	1
Polish	23
Romanian	1
Russian	5
Spanish	427
Tagalog	1
Ukrainian	3
Urdu	3
Vietnamese	3
Total	753

Senior Expansion Program
(Report Run Date: 4/5/2022)

MangPCd MangPCdDesc
61 100% FPL or lower- No Spenddown, age >65 and non-citizen
71 Over 100% FPL -with Spenddown, age >65 and non citizen

Active_Closed	Customer_Count	Claims Received - Payable Amount
Active	10,243	\$ 123,783,422.09
Closed	846	\$ 17,006,670.59
Total	11,089	\$ 140,790,092.68

Active_Closed	MangP	Customer_Count	Claims Received - Payable Amount
Active	61	9,849	\$ 120,471,836.36
Active	71	394	\$ 3,311,585.73
Closed	61	769	\$ 16,440,048.52
Closed	71	77	\$ 566,622.07
Total		11,089	\$ 140,790,092.68

SpendDown_Status	Customer_Count - Active
Unmet Spenddown	9
Met Spenddown	385
Total	394

Type_Of_Claim	Claims Received - Payable Amount
Inpatient	\$ 54,393,131.45
Outpatient	\$ 33,048,835.70
Pharmacy	\$ 23,807,947.97
Other	\$ 29,540,177.56
Grand Total	\$ 140,790,092.68

Record_Type	Claims Received - Payable Amount
Cook County Health System	\$ 61,622,398.25
Other	\$ 79,167,694.43
Grand Total	\$ 140,790,092.68

RACE	Customer_Count - Active
American Indian or Alaskan Native	112
Asian Indian	703
Black or African American	482
Chinese	227
Filipino	190
Guamanian or Chamorro	2
Korean	42
Native Hawaiian	1
Other Asian	263
Other Pacific Islander	426
Samoan	1
Unknown	3,576
Vietnamese	37
White	4,181
Total	10,243

ETHNICITY	Customer_Count - Active
Another Hispanic, Latino, or Spanish origin	1,175
Cuban	20
Mexican, Mexican American, Chicano/a	3,610
Non-Hispanic/Latino	2,843
Puerto Rican	62
Unknown	2,533
Total	10,243

County	Customer_Count - Active
Homeless	87
Adams	3
Alexander	1
Boone	24
Brown	1
Bureau	7
Cass	4
Champaign	61
Coles	6
Cook	7,019
Crawford	2
Cumberland	1
De Witt	1
DeKalb	20
Douglas	3
DuPage	788
Effingham	6
Fayette	1
Ford	1
Franklin	2
Fulton	1
Grundy	4
Henry	2
Iroquois	3
Jackson	6
Jasper	1
Jefferson	1
Jersey	2
Jo Daviess	2
Johnson	1
Kane	473
Kankakee	24
Kendall	40
Knox	6
La Salle	8
Lake	744
Lee	7
Macon	7
Madison	24
McHenry	116
McLean	21
Morgan	3
Ogle	6
Peoria	72
Perry	1
Richland	2
Rock Island	30
Sangamon	20
St. Clair	12
Stephenson	7
Tazewell	12
Union	4
Vermillion	6
Warren	2
White	1
Whiteside	3
Will	376
Williamson	7
Winnebago	144
Woodford	4
Total	10,243

Cook & Collar 8,772
% of Total 86%

LANGUAGE_PREF	Customer_Count - Active
African French	7
Albanian	24
Amharic	3
Arabic	103
Bengali	3
Bosnian	4
Chinese - Cantonese	47
Chinese - Mandarin	135
Czech	1
English	4,306
Farsi	10
French	27
German	1
Greek	1
Gujarati	136
Haitian Creole	2
Hindi	71
Hungarian	2
Indonesian	1
Italian	1
Khmer	3
Korean	35
Laotian	2
Lithuanian	9
Maltese	1
Mandingo	1
Other	73
Polish	335
Portuguese	12
Punjabi	6
Romanian	17
Russian	92
Serbian	10
Slovak	1
Spanish	4,559
Tagalog	37
Thai	7
Tigrinya	3
Turkish	8
Ukrainian	42
Urdu	76
Uzbek	1
Vietnamese	28
Total	10,243

**ABE Manage My Case, Appeals, and FFM stats
For MAC Public Education Subcommittee
Cumulative, as of 9/22/2021**

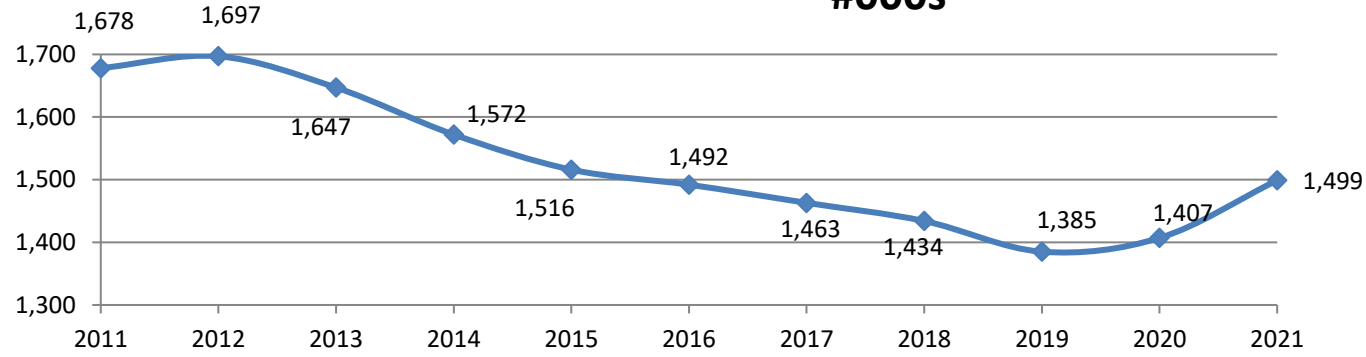
	4/5/22			11/12/21	9/22/21	7/20/21	5/17/21	3/24/21	1/17/21		7/31/18
ABE MMC Accounts Linked	1,785,581			1,660,335	1,606,098	1,541,878	1,479,908	1,425,656	1,351,206		329,244
Renew My Benefits *	583,816			534,593	516,821	488,687	455,509	430,604	397,791		97,679
Report My Changes	500,110			456,158	435,716	414,239	395,368	379,609	358,532		63,762
Program Adds	248,597			223,581	210,598	198,467	188,547	180,968	170,717		22,908
Member Adds	42,349			39,820	38,869	37,789	36,905	36,192	35,224		9,753
Mid-Point Reports*	211,718			211,718	211,718	211,718	211,718	211,718	211,717		34,357
Appeals submitted	118,091			110,831	107,721	104,547	101,682	98,882	95,053		NA
FFM cases received since 11/17	668,674			582,949	563,199	544,059	526,934	501,663	481,989		114,885
Cumulative count of people successfully ID proofed through the State	6,772			6,145	5,929	5,592	5,301	4,995	4,598		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

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	1,516	1,524	1,530	1,539	

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	1,516
Sept	1,452	Sept	1,423	Sept	1,382	Sept	1,436	Sept	1,524
Oct	1,446	Oct	1,415	Oct	1,388	Oct	1,443	Oct	1,530
Nov	1,448	Nov	1,400	Nov	1,386	Nov	1,459	Nov	1,539
Dec	1,457	Dec	1,384	Dec	1,387	Dec	1,470	Dec	



All Kids Application Agents:

The Illinois Department of Healthcare and Family Services (HFS) is making changes to the current All Kids Application Agents (AKAA) program. Starting April 10, 2022, the program will be referred to as HFS Application Agent program since Application Agents assist more than just families with children. With this change, HFS is also instituting new requirements for all *existing* AKAAs who wish to continue as Application Agent Agencies and *newly applying* Application Agent Agencies. All Applications Agent Agencies will be required to complete new documents including:

- An Application Agent Agreement
- A Business Associate Agreement
- A W-9 Form

In addition, we will now require Application Agents to complete and submit a newly drafted [Application Agent Customer Authorization Form](#) when submitting Applications together with or on behalf of a client through ABE.Illinois.gov. The HFS supplied template for this form should be copied onto your own Agency Letterhead and signed by the customer. The template can be found on the [HFS Application Agents](#) page. The Agreements and W-9 Form can be found on the, [Become an HFS Application Agent](#) page.

During the Public Health Emergency (PHE) Application Agents have been allowed to use the **ABE Assister Consent Form for Assistance by Phone** that allowed Application Agents to submit an ABE application on behalf of a customer. We will continue to allow telephonic assistance with use of this form through the end of the PHE period but *will also* require use of the new Application Agent Customer Authorization Form. If telephonic assistance is used the Application Agent will be required to: (1) read the Application Agent Customer Authorization Form to the customer, sign the form and note on the signature line that assistance was given telephonically; and (2) read the ABE Assister Consent Form for Assistance by Phone to the customer, and complete and sign the form. We are continuing to seek federal guidance on whether the telephonic assistance option can continue beyond the PHE period and will update Application Agent Agencies as new information becomes available.

Existing AKAAs: Once forms have been completed with Agency information – *not individual information*, submit to HFS.ApplicationAssisters@illinois.gov. Current AKAA Agencies that do not complete the three (3) new documents by the required date will have ABE.Illinois.gov accounts associated with their agencies deactivated in the ABE Provider Portal. Existing AKAAs will be expected to complete and submit all required documents by July 1, 2022. Participation in training is not required but highly recommended for this group to familiarize themselves with new programs. If you are an existing AKAA who no longer wants to participate as an Application Agent Agency, please email HFS.ApplicationAssisters@illinois.gov so that HFS can keep its Application Agent Agency list current.

Prospective Application Agent Agencies: HFS Application Agent Agencies can be community-based organizations that have ongoing contact with persons likely to be eligible for medical coverage under the



State of Illinois' Medicaid Program. An Application Agent Agreement with HFS allows agency staff to provide technical assistance in completing online and paper application forms for individuals or families interested in receiving health, SNAP or TANF benefits. Once your agency becomes an Application Agent, staff will be able to submit Applications for benefits through the Application for Benefits Eligibility (ABE) Provider Portal. Prospective Application Agent Agencies may apply at any time, there is no deadline. Applications will be reviewed as they are submitted.

If your organization wishes to become a new Application Agent Agency, you will need to first complete an [Application Agent Request Form](#) and submit to HFS.ApplicationAssisters@illinois.gov. HFS staff will respond with instructions on completing required documents as well as a few additional tasks. New Application Agents will be required to complete an online Benefits Overview Training which will include information on the different Medicaid programs and will be a pre-requisite to ABE and Manage My Case Training that will review how to complete an application, administrative and security requirements, and the documentation required for Medicaid eligibility. We will be posting links for training Webinars and modules on the HFS Application Agent page as soon as they have been scheduled. Instructions on how to apply to become a new Application Agent Agency can be found on the [Become an HFS Application Agent](#) page. All required forms should be submitted to the HFS.ApplicationAssisters@illinois.gov mailbox.

If you have any additional questions, please submit to HFS.ApplicationAssisters@illinois.gov.

Sincerely,

George Jacaway
Chief, Bureau of All Kids