

PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

April 24, 2024

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 veronica.archundia@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 veronica.archundia@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 from December 13, 2023)**

Agenda

VI. State Updates

VII. Public Comments

VIII. Additional Business: Old and New

IX. HFS Announcements

X. Concluding Directives and Wrap Up

XI. Adjournment

VI. State Updates



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Illinois Department of
Healthcare and Family Services

VI. A. Eligibility Updates



HFS

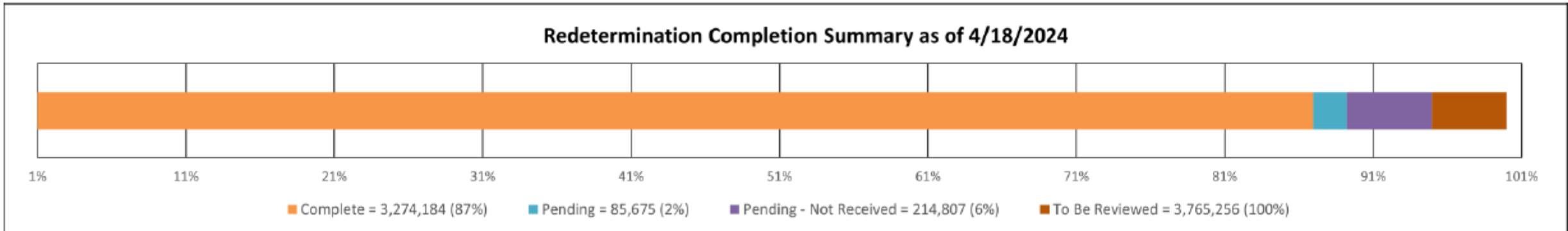
Illinois Department of
Healthcare and Family Services



VI. A. I. Redetermination Updates and Data



PHE Unwinding Redetermination Data

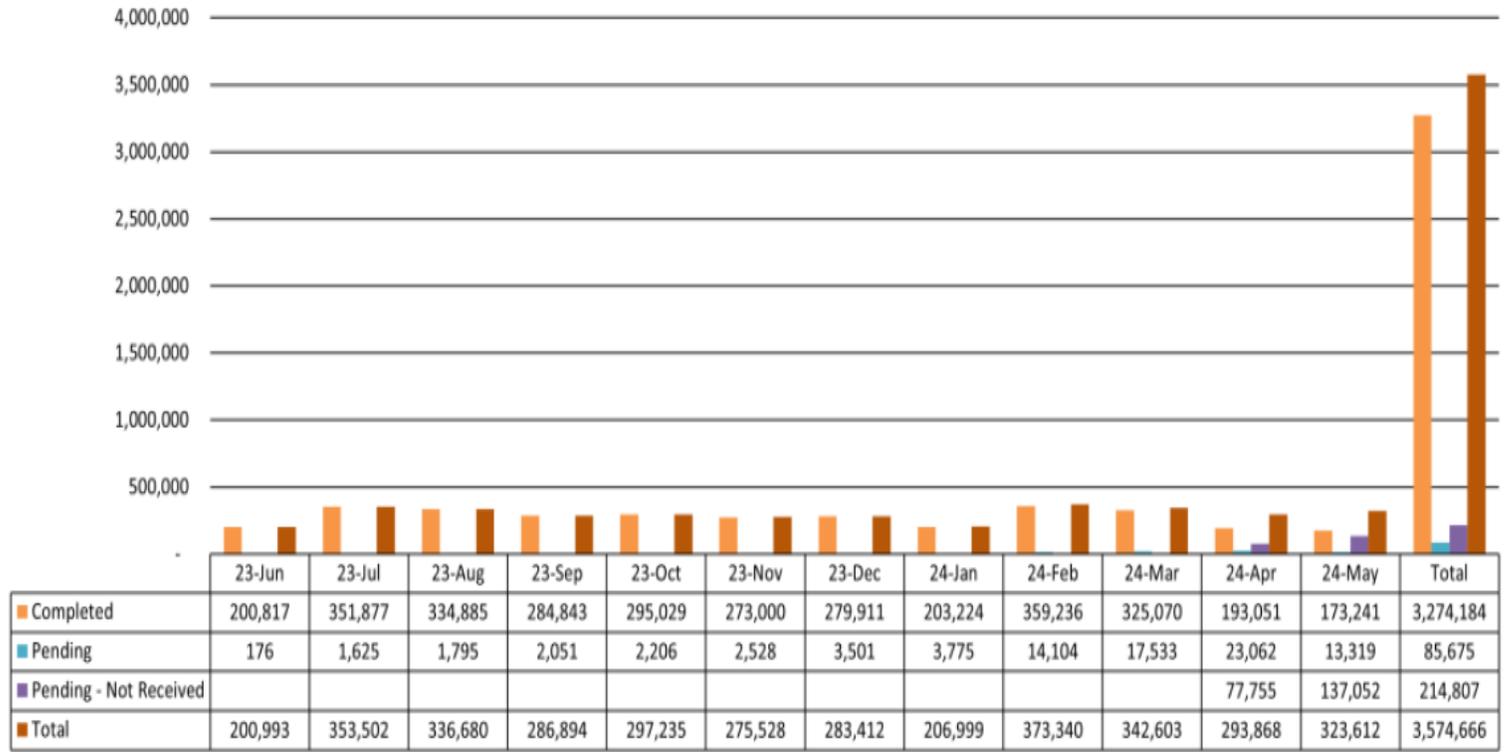


[Report Center](#)



Redetermination Completion Status

Redetermination Completion Status by Individual



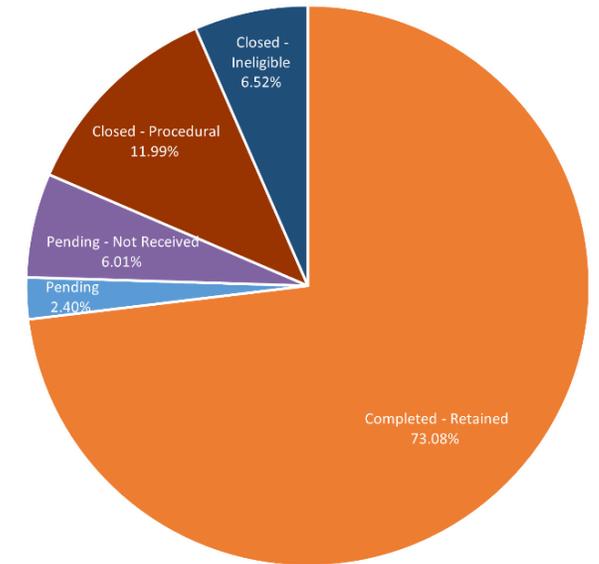
Redetermination by Status

Redetermination Status by Individual

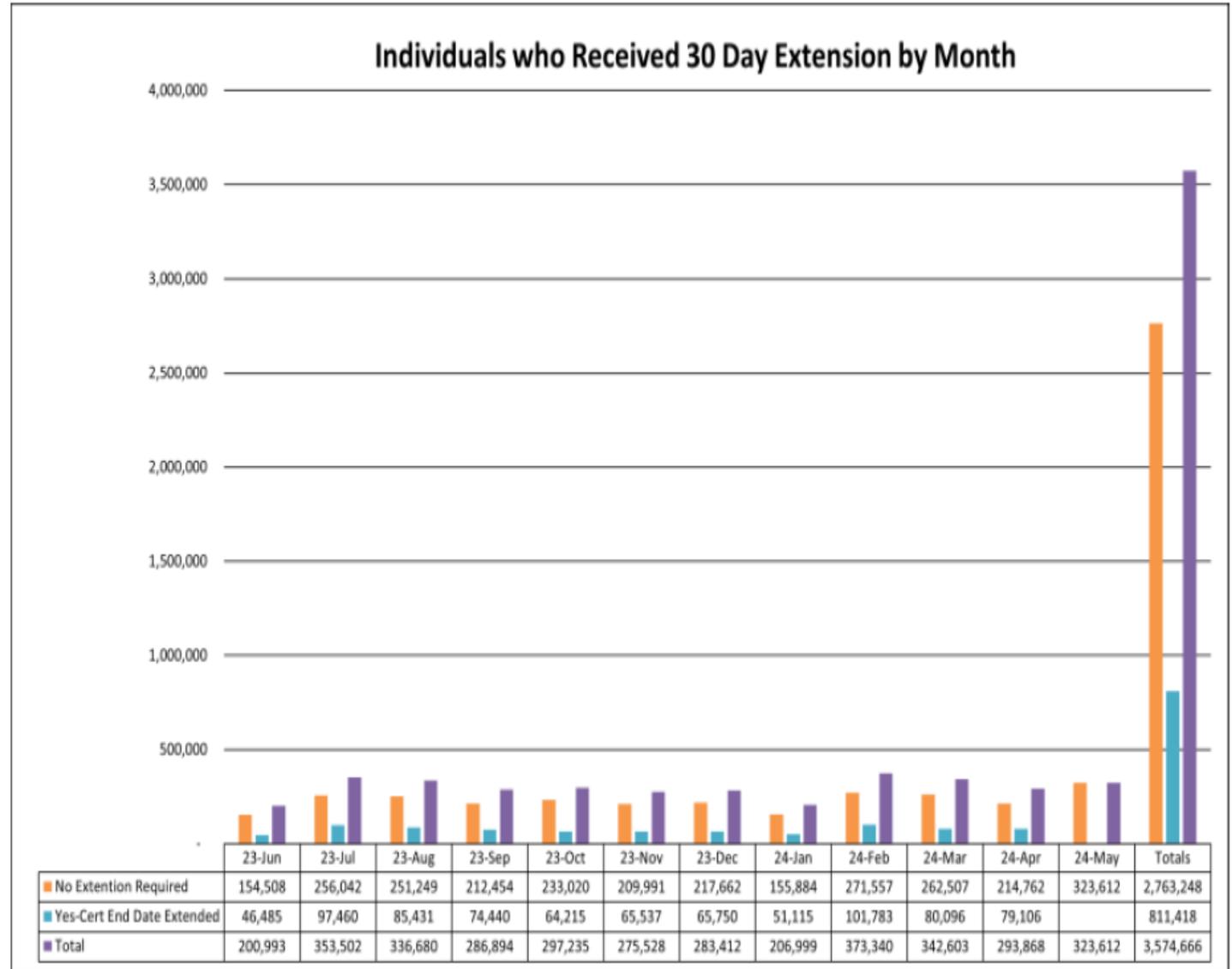
Status Type	23-Jun	*23-Jul	23-Aug	23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar	24-Apr	24-May	Grand Total
Completed - Retained	167,260	276,340	271,344	227,040	234,642	210,992	218,298	155,797	256,095	242,180	182,014	170,420	2,612,422
Pending	176	1,625	1,795	2,051	2,206	2,528	3,501	3,775	14,104	17,533	23,062	13,319	85,675
Pending - Not Received											77,755	137,052	214,807
Closed - Procedural	19,732	45,974	38,079	35,982	37,257	42,092	41,683	31,957	72,392	62,055	866	591	428,660
Closed - Ineligible	13,825	29,563	25,462	21,821	23,130	19,916	19,930	15,470	30,749	20,835	10,171	2,230	233,102
Totals	200,993	353,502	336,680	286,894	297,235	275,528	283,412	206,999	373,340	342,603	293,868	323,612	3,574,666

Status Type	Status Type Defined
Completed - Retained	Approved (Medical Benefits Continue)
Pending	Redetermination is received, but not yet processed
Pending - Not Received	Redetermination request has been sent but no response from customer (only seen on 'in-flight' records)
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

% of Redetermination Status by Individual - YTD



Redeterminations 30-Day Grace Period



b) By County

Recipient Outcome by County – March 2024										
County	CLOSED - INELIGIBLE		CLOSED - PROCEDURAL		COMPLETED - RETAINED		PENDING		Grand Total	
	Count	% of Row Total	Count	% of Row Total	Count	% of Row Total	Count	% of Row Total	Count	% of Row Total
Adams	96	6.24%	296	19.25%	1,122	72.95%	24	1.56%	1,538	100.00%
Alexander	13	6.60%	26	13.20%	156	79.19%			197	100.00%
Bond	18	7.11%	44	17.39%	185	73.12%	6	2.37%	253	100.00%
Boone	83	7.16%	219	18.90%	834	71.96%	23	1.98%	1,159	100.00%
Brown			17	18.89%	66	73.33%			90	100.00%
Bureau	28	5.53%	74	14.62%	375	74.11%	29	5.73%	506	100.00%
Calhoun	16	16.33%	16	16.33%	65	66.33%			98	100.00%
Carroll	17	7.08%	42	17.50%	172	71.67%	9	3.75%	240	100.00%
Cass	30	9.46%	63	19.87%	215	67.82%	9	2.84%	317	100.00%
Champaign	212	5.83%	604	16.61%	2,757	75.80%	64	1.76%	3,637	100.00%
Christian	59	8.97%	113	17.17%	469	71.28%	17	2.58%	658	100.00%
Clark	21	6.60%	56	17.61%	240	75.47%			318	100.00%
Clay	9	3.66%	39	15.85%	181	73.58%	17	6.91%	246	100.00%
Clinton	29	6.86%	89	21.04%	300	70.92%			423	100.00%
Coles	97	8.13%	203	17.02%	870	72.93%	23	1.93%	1,193	100.00%
Cook	7,668	5.45%	23,924	17.01%	98,403	69.94%	10,692	7.60%	140,687	100.00%
Crawford	25	6.60%	56	14.78%	275	72.56%	23	6.07%	379	100.00%
Cumberland	13	6.10%	34	15.96%	162	76.06%			213	100.00%
De Witt	19	6.01%	67	21.20%	228	72.15%			316	100.00%
DeKalb	128	6.83%	362	19.33%	1,333	71.17%	50	2.67%	1,873	100.00%
Douglas	30	8.06%	69	18.55%	263	70.70%	10	2.69%	372	100.00%
DuPage	1,074	8.00%	2,621	19.52%	9,097	67.75%	636	4.74%	13,428	100.00%
Edgar	20	5.45%	63	17.17%	275	74.93%	9	2.45%	367	100.00%
Edwards	8	5.97%	26	19.40%	89	66.42%	11	8.21%	134	100.00%
Effingham	39	7.51%	75	14.45%	386	74.37%	19	3.66%	519	100.00%
Fayette	41	10.22%	58	14.46%	297	74.06%			401	100.00%
Ford	24	9.30%	41	15.89%	188	72.87%			258	100.00%
Franklin	75	7.90%	193	20.34%	662	69.76%	19	2.00%	949	100.00%
Fulton	37	5.35%	128	18.50%	483	69.80%	44	6.36%	692	100.00%
Gallatin	11	8.66%	17	13.39%	95	74.80%			127	100.00%
Greene	19	5.90%	39	12.11%	256	79.50%	8	2.48%	322	100.00%
Grundy	34	4.08%	145	17.41%	598	71.79%	56	6.72%	833	100.00%



b) By County

Recipient Outcome by County – March 2024										
County	CLOSED - INELIGIBLE		CLOSED - PROCEDURAL		COMPLETED - RETAINED		PENDING		Grand Total	
	Count	% of Row Total	Count	% of Row Total	Count	% of Row Total	Count	% of Row Total	Count	% of Row Total
Washington	23	13.22%	27	15.52%	123	70.69%			174	100.00%
Wayne	22	6.53%	60	17.80%	249	73.89%	6	1.78%	337	100.00%
White	13	4.50%	29	10.03%	217	75.09%	30	10.38%	289	100.00%
Whiteside	77	6.89%	175	15.67%	845	75.65%	20	1.79%	1,117	100.00%
Will	864	7.06%	2,334	19.08%	8,569	70.05%	466	3.81%	12,233	100.00%
Williamson	92	6.03%	257	16.85%	1,100	72.13%	76	4.98%	1,525	100.00%
Winnebago	476	5.86%	1,273	15.68%	6,230	76.71%	142	1.75%	8,121	100.00%
Woodford	22	5.23%	115	27.32%	262	62.23%	22	5.23%	421	100.00%
(blank)	3,143	6.20%	10,888	21.47%	34,711	68.44%	1,979	3.90%	50,721	100.00%
Grand Total	20,835	6.08%	62,055	18.11%	242,180	70.69%	17,533	5.12%	342,603	100.00%



Race & Ethnicity

Race of All Recipients by Outcome – March 2024										
Race	Closed - Ineligible		Closed - Procedural		Completed - Retained		Pending		All Outcomes	
	Count	Column %	Count	Column %	Count	Column %	Count	Column %	Count	Column %
American Indian or Alaskan Native	129	0.62%	573	0.92%	1,447	0.60%	113	0.64%	2,262	0.66%
Asian Indian	184	0.88%	498	0.80%	1,562	0.64%	199	1.14%	2,443	0.71%
Black or African American	4,177	20.05%	14,473	23.32%	61,781	25.51%	2,876	16.40%	83,307	24.32%
Chinese	44	0.21%	159	0.26%	588	0.24%	105	0.60%	896	0.26%
Filipino	38	0.18%	171	0.28%	318	0.13%	47	0.27%	574	0.17%
Guamanian or Chamorro	2	0.01%	3	0.00%	8	0.00%	1	0.01%	14	0.00%
Japanese	7	0.03%	18	0.03%	20	0.01%	1	0.01%	46	0.01%
Korean	30	0.14%	82	0.13%	286	0.12%	24	0.14%	422	0.12%
Native Hawaiian	6	0.03%	26	0.04%	99	0.04%	4	0.02%	135	0.04%
Other Asian	478	2.29%	1,152	1.86%	5,074	2.10%	672	3.83%	7,376	2.15%
Other Pacific Islander	121	0.58%	458	0.74%	1,101	0.45%	145	0.83%	1,825	0.53%
Samoan	2	0.01%		0.00%	6	0.00%		0.00%	8	0.00%
Unknown	5,183	24.88%	14,776	23.81%	67,034	27.68%	5,283	30.13%	92,276	26.93%
Vietnamese	25	0.12%	103	0.17%	211	0.09%	38	0.22%	377	0.11%
White	10,409	49.96%	29,563	47.64%	102,645	42.38%	8,025	45.77%	150,642	43.97%
Grand Total	20,835	100.00%	62,055	100.00%	242,180	100.00%	17,533	100.00%	342,603	100.00%

Ethnicity of All Recipients by Outcome – March 2024										
Ethnicity	Closed - Ineligible		Closed - Procedural		Completed - Retained		Pending		All Outcomes	
	Count	Column %	Count	Column %	Count	Column %	Count	Column %	Count	Column %
Another Hispanic, Latino, or Spanish origin	2,831	13.59%	7,018	11.31%	23,421	9.67%	2,529	14.42%	35,799	10.45%
Cuban	8	0.04%	105	0.17%	174	0.07%	25	0.14%	312	0.09%
Mexican, Mexican American, Chicano/a	2,022	9.70%	5,242	8.45%	17,360	7.17%	1,853	10.57%	26,477	7.73%
Non-Hispanic/Latino	10,472	50.26%	32,234	51.94%	130,069	53.71%	7,884	44.97%	180,659	52.73%
Puerto Rican	211	1.01%	881	1.42%	2,213	0.91%	125	0.71%	3,430	1.00%
Unknown	5,291	25.39%	16,575	26.71%	68,943	28.47%	5,117	29.18%	95,926	28.00%
Grand Total	20,835	100.00%	62,055	100.00%	242,180	100.00%	17,533	100.00%	342,603	100.00%



Languages Spoken

Language by Response – March 2024						
Language	Responded		Did Not Respond		Total	
	Count	Column %	Count	Column %	Count	Column %
African French	26	0.01%	15	0.03%	41	0.01%
Albanian	40	0.01%	5	0.01%	45	0.01%
Amharic	12	0.00%		0.00%	12	0.00%
Arabic	794	0.28%	84	0.14%	878	0.26%
Armenian	8	0.00%	2	0.00%	10	0.00%
Bengali	8	0.00%	1	0.00%	9	0.00%
Bosnian	26	0.01%	1	0.00%	27	0.01%
Chinese - Cantonese	310	0.11%	32	0.05%	342	0.10%
Chinese - Mandarin	541	0.19%	71	0.12%	612	0.18%
Croatian	2	0.00%		0.00%	2	0.00%
Czech	3	0.00%	1	0.00%	4	0.00%
English	253,631	89.67%	53,290	89.17%	306,921	89.59%
Farsi	39	0.01%	19	0.03%	58	0.02%
French	106	0.04%	28	0.05%	134	0.04%
German	1	0.00%		0.00%	1	0.00%
Greek	15	0.01%	2	0.00%	17	0.00%
Gujarati	271	0.10%	35	0.06%	306	0.09%
Haitian Creole	22	0.01%	23	0.04%	45	0.01%
Hindi	194	0.07%	11	0.02%	205	0.06%
Hungarian	1	0.00%		0.00%	1	0.00%
Indonesian	3	0.00%		0.00%	3	0.00%
Italian	5	0.00%		0.00%	5	0.00%
Japanese	2	0.00%		0.00%	2	0.00%
Khmer	7	0.00%		0.00%	7	0.00%
Korean	254	0.09%	22	0.04%	276	0.08%
Laotian	9	0.00%		0.00%	9	0.00%
Lithuanian	23	0.01%	2	0.00%	25	0.01%
Mandingo	1	0.00%		0.00%	1	0.00%
Other	528	0.19%	122	0.20%	650	0.19%
Polish	617	0.22%	111	0.19%	728	0.21%
Portuguese	8	0.00%	6	0.01%	14	0.00%
Punjabi	10	0.00%	1	0.00%	11	0.00%
Romanian	49	0.02%	18	0.03%	67	0.02%
Russian	373	0.13%	136	0.23%	509	0.15%
Serbian	20	0.01%	3	0.01%	23	0.01%
Sign Language	9	0.00%		0.00%	9	0.00%
Somali	1	0.00%		0.00%	1	0.00%
Spanish	23,182	8.20%	5,190	8.68%	28,372	8.28%
Swahili	57	0.02%	9	0.02%	66	0.02%

Language by Response – March 2024						
Language	Responded		Did Not Respond		Total	
	Count	Column %	Count	Column %	Count	Column %
Tagalog	47	0.02%	4	0.01%	51	0.01%
Thai	3	0.00%	2	0.00%	5	0.00%
Tigrinya	1	0.00%	1	0.00%	2	0.00%
Turkish	11	0.00%	16	0.03%	27	0.01%
Ukrainian	593	0.21%	187	0.31%	780	0.23%
Unknown	531	0.19%	253	0.42%	784	0.23%
Urdu	252	0.09%	24	0.04%	276	0.08%
Uzbek	16	0.01%	4	0.01%	20	0.01%
Vietnamese	176	0.06%	34	0.06%	210	0.06%
Grand Total	282,838	100.00%	59,765	100.00%	342,603	100.00%



II. c) Address Updates

2023

Date	Medicaid Address Changes	Phone Call Address Chg Req	Total
01/01/2023 - 01/31/2023	6,398	2,178	2,178
02/01/2023 - 02/28/2023	15,038	2,322	17,360
03/01/2023 - 03/31/2023	8252	1,948	10,200
03/14/2023 - 03/31/2023	5,474	1,378	6,852
04/01/2023 - 04/30/2023	6,097	2,340	8,437
05/01/2023 - 05/31/2023	3,912	1,199	5,111
06/01/2023 - 06/30/2023	3,739	1,156	4,895
07/01/2023 - 07/31/2023	2,753	805	3,558
08/01/2023 - 08/31/2023	3,006	923	3,929
09/01/2023 - 09/30/2023	3,041	843	3,884
10/01/2023 - 10/31/2023	3,099	790	3,889
11/01/2023 - 11/30/2023	2,361	709	3,070
12/01/2023 - 12/31/2023	2,137	734	2,871
Grand Total:	65,307	17,325	82,632

-  Medicaid address changes received via website.
-  Medicaid address changes received via phone call.
-  Total address changes received via web and phone call each month.

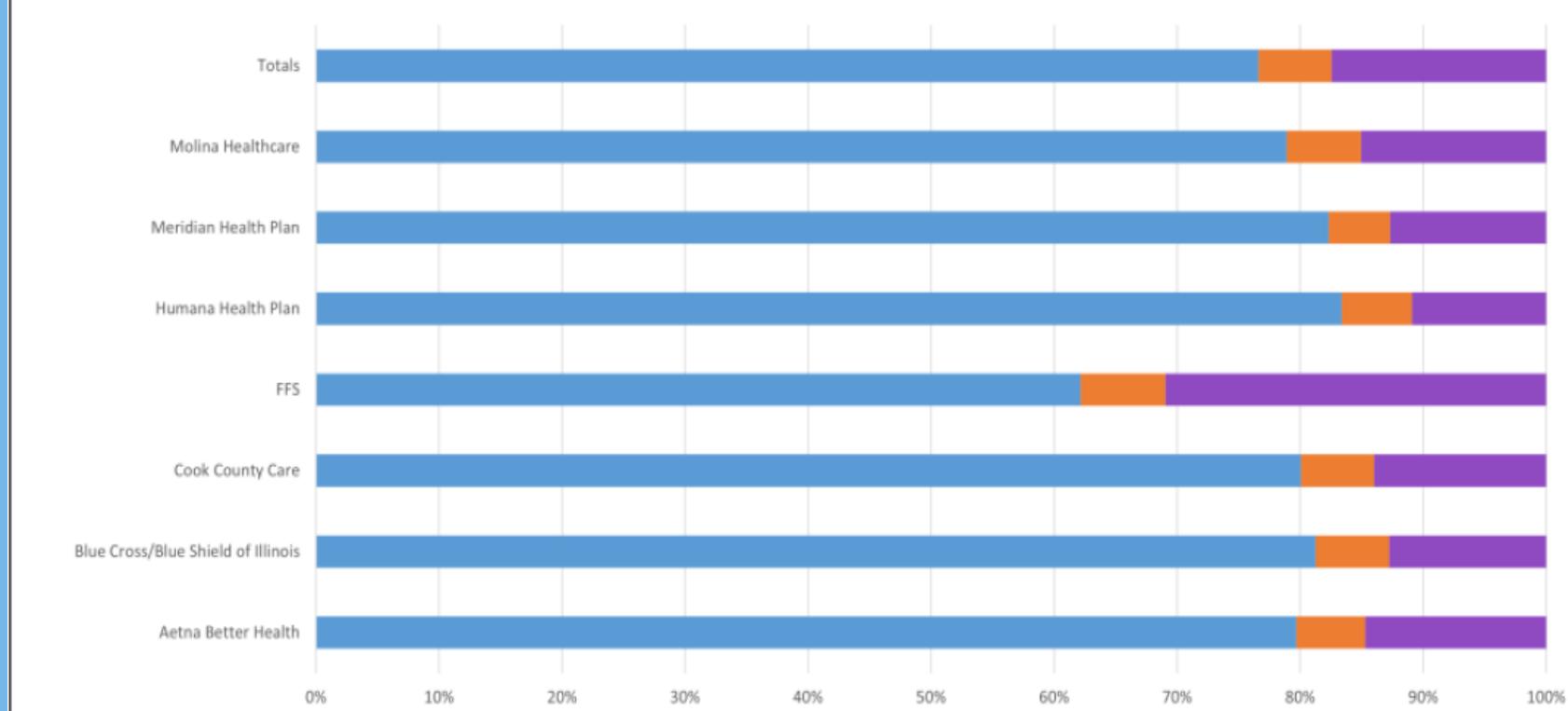
2024

Date	Medicaid Address Changes	Phone Call Address Chg Req	Total
01/01/2024 - 01/31/2024	2,484	1,157	3,641
02/01/2024 - 02/28/2024	2,023	848	2,871
03/01/2024 - 03/31/2024	2268	773	3,041
Grand Total:	6,775	2,778	9,553

-  Medicaid address changes received via website.
-  Medicaid address changes received via phone call.
-  Total address changes received via web and phone call each month.

MCO Data

Rede Responses by Individual MCO Overall Progress – March 2024



	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	FFS	Humana Health Plan	Meridian Health Plan	Molina Healthcare	Totals
Responded by original due date	30,630	58,655	34,256	48,397	1,537	63,857	25,175	262,507
Responded within additional 30 days	2,155	4,317	2,545	5,391	105	3,888	1,930	20,331
No Response	5,650	9,209	5,984	24,088	201	9,832	4,801	59,765
Total	38,435	72,181	42,785	77,876	1,843	77,577	31,906	342,603

Questions?





VI. A. II. HBIA and HBIS Updates



HBIA and HBIS Categorical Changes

- Individuals with the status of: Lawful Permanent Resident (green card holder) in the United States of less than five years (LPR <5), are no longer eligible for the HBIA and HBIS programs. Last day of coverage is April 30, 2024.
- We estimate the population impacted to be roughly 5,800 individuals. The largest numbers of individuals affected by this categorical change live in Cook County.
- These individuals may be eligible for subsidies on the federal health insurance marketplace.
- HFS sent a letter to individuals with this immigration status the week of 3/18/24. The letter includes a referral to the Marketplace.
- HFS is employing community partnerships, media, and other outreach tactics to refer these impacted individuals to the health insurance marketplace or other available coverage.

Categorical Changes Continued

- Legal Permanent Residents who have been in the United States for **over** five years (LPR > 5) may qualify for Medicaid coverage and will automatically transition to Medicaid beginning in May if they otherwise meet eligibility requirements.
 - Customers enrolled in a Medicaid managed care plan will remain enrolled in the same Medicaid managed care plan.
 - Customers who transition to Medicaid coverage will have access to the full Medicaid benefit package and be eligible for federal matching funds.
 - Customers who lost coverage because they are LPR with fewer than 5 years, may become Medicaid eligible again after they attain LPR > 5 years status if they meet other eligibility requirements.



HFS

Illinois Department of
Healthcare and Family Services



Customer Notice link & Public Notice

Link to Press Release:

- [IHFS to Proceed With Health Benefits for Immigrant Adults and Seniors Redetermination Process](#)

Link to Customer letter:

- [Sample Client Notice for Legal Permanent Residents under 5 Years](#)

Other helpful information can be found on the [Health Benefits for Immigrants](#) page, including frequently asked questions and information on the Marketplace.

Renewals

- Customers in HBIA and HBIS who had not been redetermined already had their redetermination date changed to May 31, 2024.
- Redetermination notices went out April 1.
- Customers who do not respond by mid-May will be given a 30-day grace period.
- Failure to respond during the grace period will result in coverage loss effective July 1.



Marketplace Health Coverage

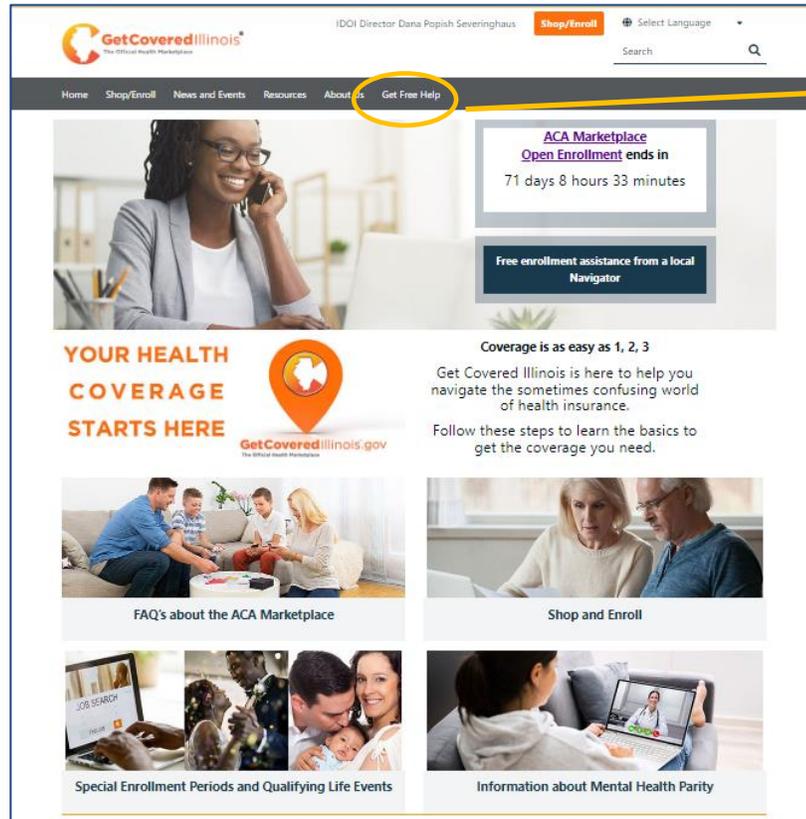
- Individuals losing HBIA or HBIS coverage may be eligible for a Special Enrollment Period (SEP) in the Health Insurance Marketplace with financial help (e.g., advance premium tax credits, cost-sharing reductions).
 - This includes the Marketplace SEP for individuals at or below 150% FPL. This SEP is not tied to a change and is available through December 31, 2025.
 - While seniors 65+ do not normally qualify for the marketplace, in this instance they DO qualify for ACA Marketplace coverage because they do not qualify for Medicare until present 5yrs.
- A helpful tool for calculating potential subsidies available on the marketplace: [KFF Health Insurance Marketplace Calculator](#).



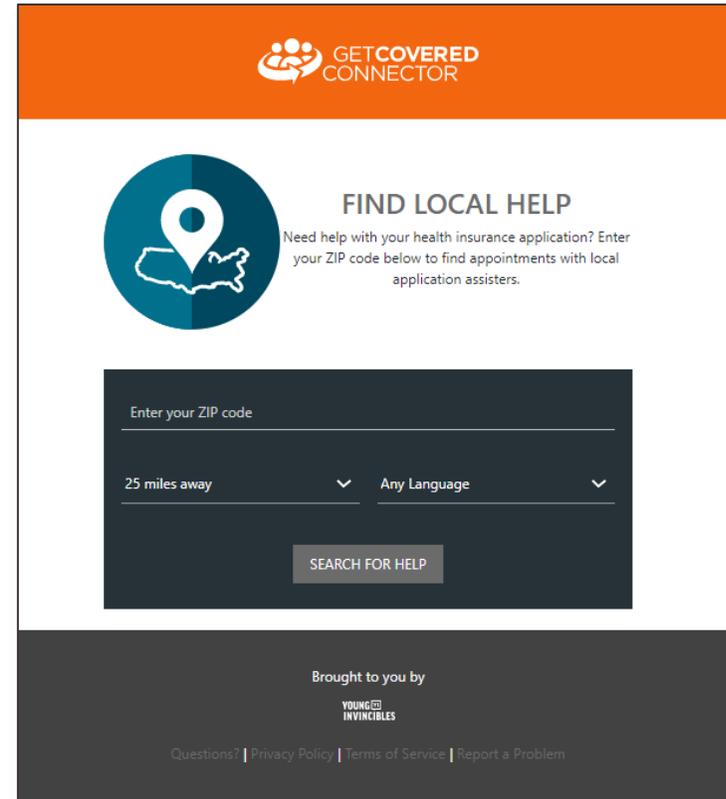
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Who Can Help? The Get Covered Connector



Get Free Help



[Home \(illinois.gov\)](https://www.getcoveredillinois.gov)

<https://widget.getcoveredamerica.org/get-covered-illinois/>

Questions?



VI. A. III. CMS Final Rule Change



Overview

Historical Recap:

On April 2, 2024, the Centers for Medicare & Medicaid Services issued Part 2 of the Streamlining Medicaid, Children's Health Insurance Program, and Basic Health Program Application Eligibility Determination, Enrollment, and Renewal Processes. This release follows the issuance of Part 1 on September 21, 2023.

Purpose of CMS Final Rule:

The purpose of the rule is to make it easier for people to enroll and retain Medicaid coverage.

Goals:

The rule aims to reduce coverage disruptions by streamlining the Medicaid and CHIP eligibility and enrollment process, reducing the administrative burden on states and people applying for Medicaid and CHIP programs, and increasing the enrollment and retention of eligible individuals.



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Main Themes Associated with Final Rule

Streamline application and enrollment processes

Remove access barriers for children

Eligibility and Enrollment

Improving retention and renewal rates

Enhance program integrity



CMS Final Rule

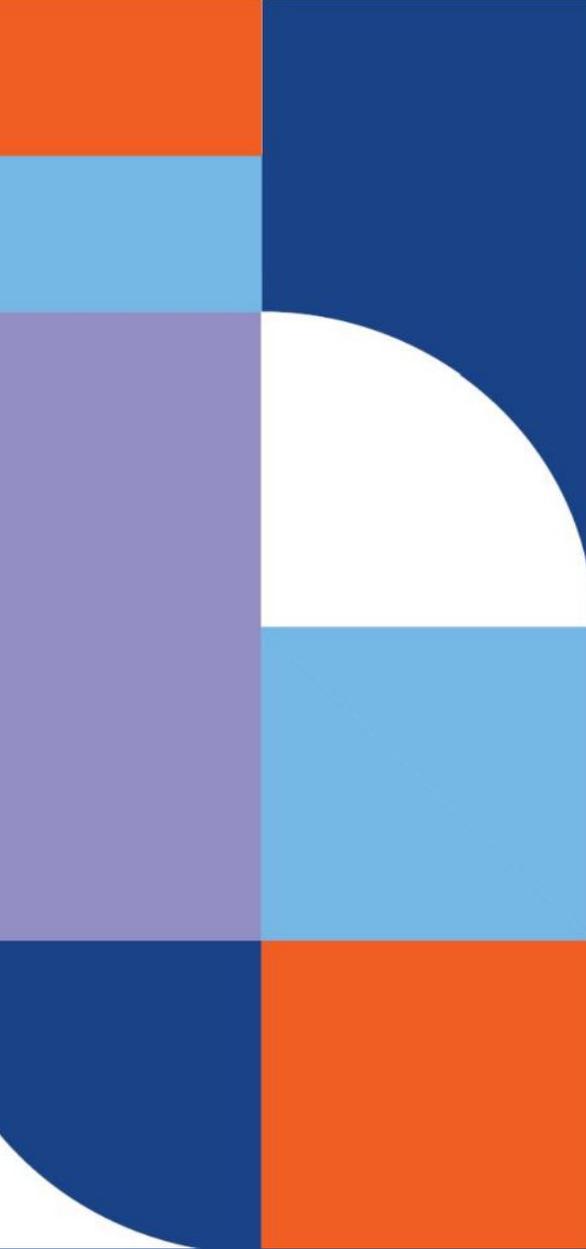
Currently under review by HFS Policy and Leadership.

[Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes](#)



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IV. 1115 Waiver Continuous Eligibility





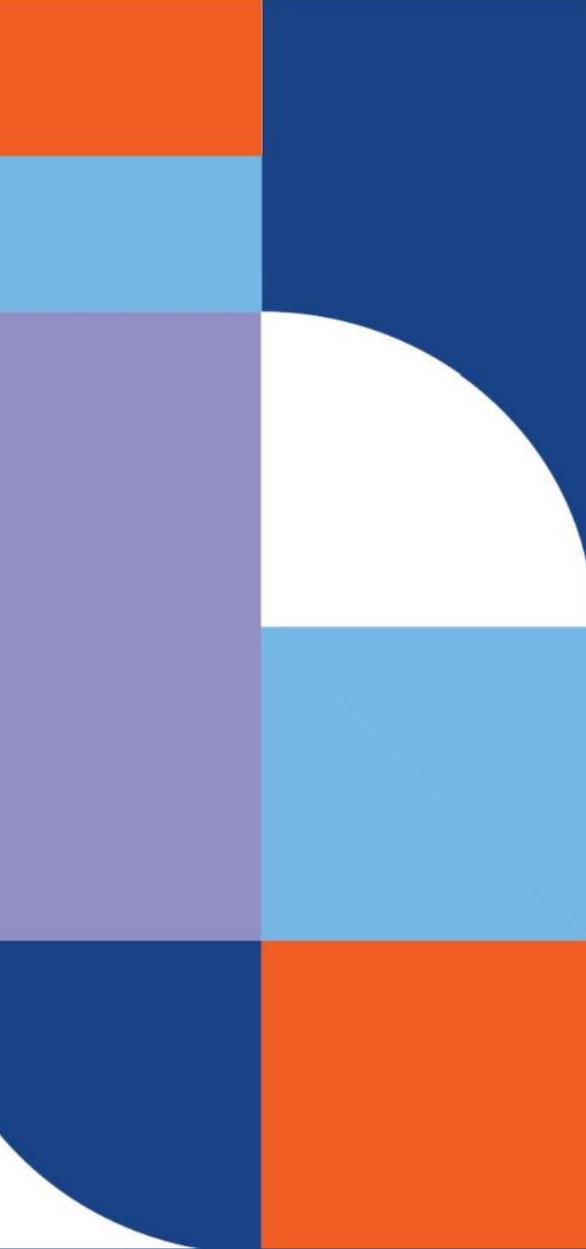
V. State Based Marketplace





Partnership between HFS and DOI

- DOI State-Based Health Insurance Marketplace:
 - New Director: Morgan Winters
- Prepare for the implementation of an Illinois State-Based Marketplace (SBM) by partnering with the Department of Insurance to:
 - Issue Navigator grants for open enrollment in Fall 2024/Plan Year 2025 (continue using Healthcare.gov platform)
 - Procure technology for SBM for open enrollment Fall 2025/Plan Year 2026



VI. PHE Unwind Flexibilities for Calendar 2024



PHE Flexibilities Approved through Disaster SPA and Disaster Verification Plan

Background:

- The following provisions were authorized under the following:
 - Title XXI Children's Health Insurance Program (CHIP) disaster state plan amendment (SPA) IL-20-0006
 - Title XIX (Medicaid) disaster SPA IL-20-0004
 - Disaster Verification Plan
 - Concurrence Email authority (see chart below that clarifies the change provision and accompanying authority).
- The flexibilities were approved with an effective date of 04/02/2020. And have remained in place throughout the PHE unwind.



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PHE Flexibilities Approved through Disaster SPA and Disaster Verification Plan

Flexibility
Reasonable Compatibility (RC) to 30%
Self-Attestation for Income when electronic verification is not available
Self-Attestation for Illinois Residency
Self-Attestation for Insured Status
Self-Attestation for Incurred Medical Expenses to meet spenddown
Self-Attestation for Disability
Presumptive Eligibility (PE) for MAGI Adults
More Frequent Presumptive Eligibility (PE) for Children and Adults
Ex-parte for AABD when AVS does not return information
Permit MCOs to provide assistance to customers at redetermination
Redetermination Grace Period

Questions?





VII. New Ex Parte Process





Individual vs. Case

- Previously, the State determined ex parte eligibility at the case level. If one person was not eligible for ex parte within a case, everyone on the case due for redetermination would be required to complete and submit a redetermination form to continue benefits.
- Beginning 9/2023, the State began determining every *individual* due for medical redetermination for ex parte eligibility (automatic redetermination).
- Example: Parent and child are both due for medical redetermination.
 - Parent determined **ineligible** for ex parte, must complete and submit a redetermination form to continue benefits.
 - Child determined **eligible** for ex parte. The State automatically renews medical benefits for child for 12 months (no redetermination form needs to be submitted for the child).



Customer Notices: The New Medical Redetermination Notice

Since the State began to determine each individual for ex parte eligibility, it is possible that a household will receive two separate medical redetermination notices, one listing all household members found eligible for ex parte and another listing all household members found ineligible for ex parte.

State is in the process of creating a dynamic medical redetermination notice that will capture every household member due for medical redetermination on one form, regardless of ex parte eligibility.

Quick Facts:

- New form title: HFS 2381C Medical Redetermination Notice
- Implementation: ~ 07/2024
- Will list everyone in household due for medical redetermination.
 - Table on notice will clearly inform customers who must complete a redetermination* to continue medical benefits, and who has been found eligible to continue receiving benefits with no further action.

*Redetermination form will be included with notice if anyone in household found ex parte ineligible.



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2381C Example

This is an example of a "2381C: Medical Redetermination Notice" that would be sent to a household with members both ex parte eligible and ineligible.

2381C language will be dynamic based on whether the household contains:

- Ex parte eligible members only
- Ex parte ineligible members only
- Ex parte eligible and ineligible members

Note: This example is an incomplete notice. Information included today such as fiscal determinates and medical group definitions will still be included, appearing below information shown on right.

Medical Benefits: Time to Renew Notice

Dear <NAME>,

It is time to renew medical benefits. Based on the information we have today, certain members of your household have been approved to continue receiving benefits with no action required while others require action to continue their medical benefits.

The included redetermination form must be completed and returned by <REDE Due Date> for individuals **requiring action** for their medical benefits to continue after <Certification End Month/Year>.

Individuals, with no action required, will receive a new medical card before <Cert Date>. However, if we get new information about a change in their circumstance, their eligibility for medical benefits may change. If that happens, we will send you a new notice.

To learn how to renew medical benefits, read the first page of the <-Redetermination Form Title> which is included in this envelope.

Name	Birth Date	Medical ID(RIN)	Medical Group	Action Required
Individual One	dd/mm/yyyy	000000000	ACA Adult	No
Individual Two	dd/mm/yyyy	000000000	Medicare Savings Program QMB	Yes

"Action Required= Yes" Individual must complete and return form included.

"Action Required= No" Individual's medical benefits have been automatically renewed.



VIII. DHS Update



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DHS Updates

- 50% of staff are working in office





The Training Highway

Launched 05/2023

- Train by eligibility factors based on flow of the Integrated Eligibility System
- New hires are in the Highway for 10 weeks
- Some stops include OJT



How many Caseworkers have been trained?

- 2023 – 598
- 2024 – 317 (includes current enrollees)



Call Center Updates

- Coming soon: Customer Satisfaction Survey
- Call Center Quality Assurance Reviewers



Call Center Statistics

March 2024

- Average wait time 20 minutes
- 32% Abandonment Rate
- **192,764** total calls Answered



Questions?



IX. Communications Outreach and Engagement

Paid Campaign Overview

05/22/2023 – 2/29/2024

Impressions	372,503,988
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Video Views	41,659,464
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Search Platform	Impressions	CTR	Benchmark CTR
Bing	2,006,751	8.55%	3.31%
Google	2,499,702	35.17%	3.00%

Top Performing Keywords

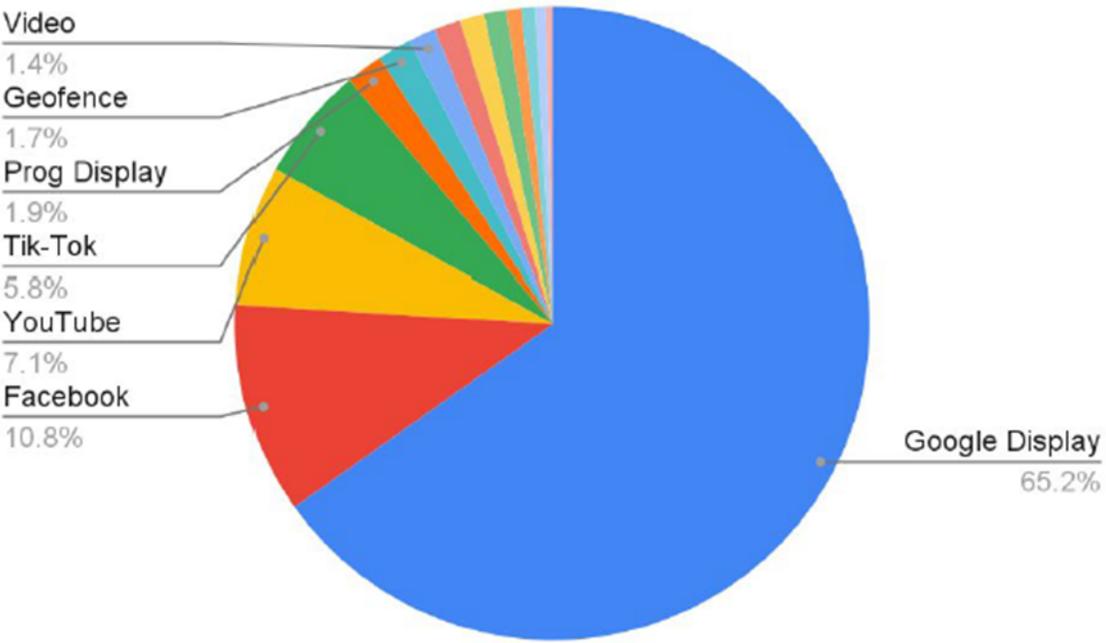
- ABE Illinois
- Illinois Medicaid
- Medicaid
- ABE
- ABE Illinois gov login
- Medicaid application
- Illinois Department of Healthcare and Family Services
- FamilyCare Insurance
- Healthcare for Kids
- Moms and Baby Insurance

Paid Campaign Overview

February 2024

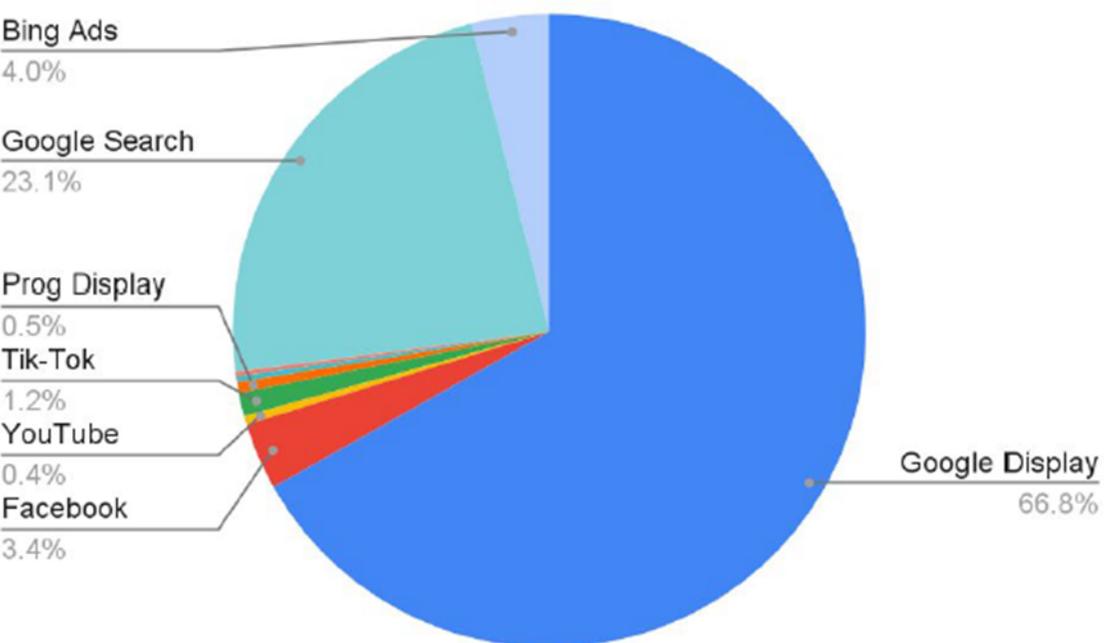
Impressions by Platform

Cumulative Data



Clicks by Platform

Cumulative Data

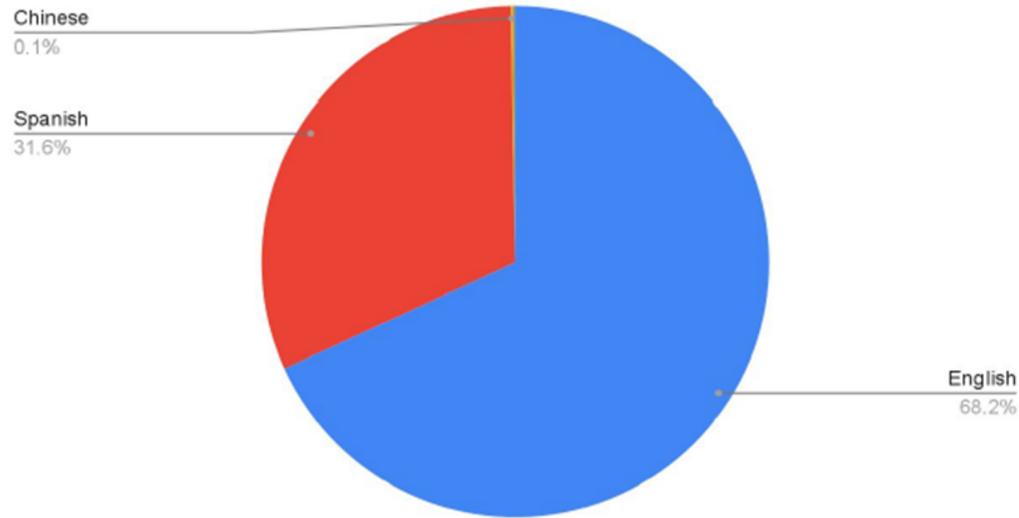


Paid Campaign Overview

February 2024

Impressions by Language

Impressions By Language



Language	% of Impressions
English	68.15%
Spanish	31.58%
Chinese	0.12%
Hindi	0.08%
German	0.07%
Russian	0.00%
Polish	0.00%
Korean	0.00%
Arabic	0.00%
Vietnamese	0.00%
Greek	0.00%





STAKEHOLDER NEWS

APRIL 2024

Welcome to the HFS Stakeholder Newsletter



ELIZABETH M. WHITEHORN

DIRECTOR'S MESSAGE

Dear Partner,

To start, a dual introduction: I'll introduce myself, as the new Director of HFS, as well as the Department's new stakeholder newsletter.

I couldn't be more honored to take this role and lead a state agency that serves millions of Illinoisans through Medical Programs and Child Support Services. As you may know, I come to this position after serving as First Assistant Deputy Governor for Health and Human Services for almost five years. During my time with the Governor's Office, I worked closely with HFS, and witnessed dedicated staff take on numerous initiatives that are improving the well-being of so many people across the

<https://conta.cc/3TUYnok>

HFS in the News

Gov. Pritzker Signs Executive Order to Promote Equity in Gene and Cell Therapy Treatment Access and Affordability
[Read the Full Story Here](#)
[Additional Press Coverage](#)

Gov. Pritzker Announces New Maternal Health and Birth Equity Initiatives
[Read the Full Story Here](#)
[Additional Press Coverage](#)

HFS to Proceed With Health Benefits for Immigrant Adults and Seniors Redetermination Process
[Read the Full Story Here](#)

Clarified eligibility requirements will preserve coverage for eligible individuals with no alternative insurance options

MEDICAID AWARENESS MONTH

April is Medicaid Awareness Month, a great time to highlight your customer success stories and the hard work and dedication of our Medicaid partners and stakeholders.

As part of this month, the Illinois Department of Healthcare and Family Services would like to collect and share "success stories" of customers who have benefited from Medicaid services. These stories help demonstrate the value of our efforts and from Medicaid services. These stories help demonstrate the value of our efforts and from Medicaid services. These stories can be an important way to encourage others to utilize our services. These stories will be featured in our social media postings, website, informational materials and presentations, newsletters, and media relations.

Please share your customer stories by filling out this [Customer Success Stories Form](#) and thank you in advance for helping us spread our Vision to Improve Lives. We will keep customer names anonymous or just use first names.

Medicaid Redetermination Update

KEEP YOUR MEDICAID!
 CHECK YOUR STATUS AT ABE.ILLINOIS.GOV

As we continue to unwind from the COVID-19 Continuous Medicaid Coverage requirement and return to the standard practice of performing annual eligibility checks for all customers, Illinois is outperforming most other states in keeping eligible Medicaid customers enrolled. This has been a major undertaking, and our primary aim has been to do everything we can to ensure eligible Medicaid customers stay covered, and those who are no longer eligible are successfully connected to alternative insurance options.

Medicaid.Illinois.gov

Home My Healthcare Medical Providers Child Support Services HFS OIG Info Center About Us

HFS > Medical Clients > Report Medicaid Chang...

Medicaid Client Renewals

Report Medicaid Change of Address

Understanding the Renewal Process

Three-Part Webinar Series: Training for the End of...

Ready to Renew Messaging Toolkit

Ready to Renew Frequently Asked Questions

Unwinding Operational Plan - Coming Soon

Are You Covered Toolkit

Illinois Medicaid Renewals Information Center

For Medicaid Customers

There are two ways to change your Medicaid address:

Click Manage My Case at abe.illinois.gov to:

- Verify your address (under 'Contact Us')
- Find your renewal due date (under 'Benefit Details')
- Complete your renewal when you are due

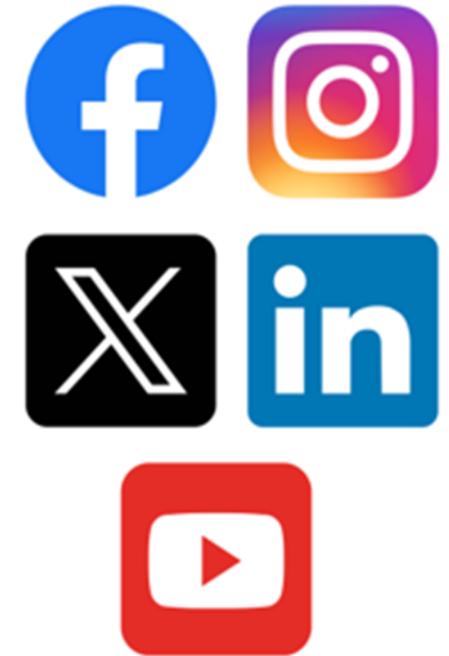
Manage my case at abe.illinois.gov

- Or for an even quicker way for Medicaid Customers to update their address with us:

Quick Medicaid Address Change Form

Are you covered?

Social Media @ILDHFS



b. MCO Updates



New Bureau of Manage Care Staff

- Deputy Administrator for Managed Care Performance- Helena Lefkow





c. Feedback from Committee Members



VI. C. Other Program Enrollment



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Applications and Redeterminations

Type	Total	Notes
New Applications	84,812	<ul style="list-style-type: none">• Total reflects statewide applications• Older than 45 days
Redeterminations	57,207	<ul style="list-style-type: none">• On hand

- Data as of 03/2024

Family Planning

Applying for Family Planning

- Cannot have an active Medicaid case
- Cannot be pregnant
- Must be a resident of Illinois
- Income \leq \$3628, HH = 2
- Attestation alone is accepted for Family Planning Presumptive Eligibility.
- Documentation is required for ongoing Family Planning Program.
 - Apply via ABE @ abe.illinois.gov

When completing redetermination, be sure to check Yes on this question to be considered for this program if you do not qualify for full Medicaid.

17. Are you or anyone living with you interested in the partial-benefit program for Family Planning if no longer eligible for Medical Benefits? Yes No

If yes, name of the person(s) who want to Opt-In _____

Visit the [HFS Family Planning Program](#) page for more information and a list of Providers.

Program launched November 30, 2022, and has **9387 (02/14/24)** enrollees.

Questions?



VI. D. Eligibility Policy Updates



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I. New Policies (Recently Published)

- [MR-FPL 2024 Revised Medical Program Standards - 03/20/2024](#)
- [MR #24.07 Former Foster Care Update -03/19/2024](#)
- [MR #24.06 Community Spouse Maintenance Needs Allowance and Community Spouse Resource Allowance Limit Increases-02/13/2024](#)
- [MR #24.04 Approved Representatives, HFS Application Agents, and Informal Assisters 01/24/2024](#)
- [MR#24.03 Managed Care Program Types – 01/24/2024](#)
- [Policy Memo- Verifications Required for Victims of Trafficking, Torture, or Other Serious Crimes \(VTTC\) Assistance Programs - Clarification – 04/02/2024](#)
- [Policy Memo -Medical Benefits for Asylum Applicants and Torture Victims \(AATV\) & Victims of Trafficking, Torture or Other Serious Crimes \(VTTC\) – 01/23/2024](#)
- [MR #24.12 Health Benefits for Immigrant Adults \(HBIA\) and Health Benefits for Immigrant Seniors \(HBIS\).](#)

II. Sneak Peek into New Policies

- **Manual Release: SAVE/non-citizens**
 - Provides guidance on identifying and processing medical applications for non-citizens.
- **Manual Release: Ex-Parte REDE changes**
 - Provides guidance on the ex-parte changes discussed previously. Auto redeterminations are now based on an individual level.
- **Manual Release: Emergency Coverage Changes**
 - Provides guidance on how to identify an Emergent Medical Need and clarification on processing these requests.

Questions?



VII. Public Comments



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None



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Presenter: Melishia Bansa, Special Assistant to Director of HFS

VIII. Additional Business: Old and New



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VIII. A) Items for Future Discussion

1. Items For Future Discussion

Presenter: Nadeen Israel, Chair of Public Education Subcommittee

IX. HFS Announcements



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B.2. MAC Resources

A. To receive Subcommittee email notifications regarding public meeting notices, sign up for our MAC and Subcommittee Listserv:

1. [Medicaid Advisory Committee \(MAC\) | HFS \(illinois.gov\)](#)
2. [MAC and Subcommittees E-mail Notification Request | HFS \(illinois.gov\)](#)

B) Updates to 2024 Meeting Schedule

- April 24, 2024
- August 21, 2024
- November 20, 2024

X. Concluding Directives and Wrap UP



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XI. Adjournment



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