

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

**Telephone:** (217) 782-1200  
**TTY:** (800) 526-5812

**Public Education Subcommittee Meeting**

Thursday, June 4, 2020  
10:00 a.m. to 12:00 p.m.

**Due to COVID-19 concerns, the Public Education Subcommittee meeting will be held by conference call only. The conference call telephone number is 1-888-494-4032. The access code is 5737699394.**

**PLEASE MUTE YOUR PHONE LINE.  
PLEASE DO NOT PUT THE CALL ON HOLD.**

1. Introduction
2. Review and Approval of the Meeting Minutes from April 2, 2020
3. Care Coordination Update
4. DHS Update
5. Public Education Subcommittee Charge  
<https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/publiced/Pages/default.aspx>
6. Eligibility Update
7. Client Notices
8. Criminal Justice Update
9. Open Discussion and Announcements
10. Adjourn

For anyone who wishes to participate in this meeting, please send an email to [veronica.archundia@illinois.gov](mailto:veronica.archundia@illinois.gov) It is important that you confirm your participation to ensure the distribution of any last-minute materials that may be added closer to the meeting date, as well as to accurately record your participation.

This notice is also available online at:  
<https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/News/Pages/default.aspx>

**Public Education Subcommittee Meeting**  
April 2, 2020 Draft Meeting Minutes  
401 S. Clinton Street, Chicago, Illinois  
201 S. Grand Avenue East, Springfield, Illinois

**Committee Members**

Kathy Chan, Cook County Health  
Brittany Ward, Lurie Children's Health Partners  
Connie Schiele, HSTP  
Sue Vega, Alivio Medical Center  
Sherie Arriazola, Safer Foundation  
Nadeen Israel, AIDS Foundation of Chicago  
Sergio Obregon, CPS

**HFS Staff**

Lynne Thomas  
Jane Longo  
Lauren Polite  
Laura Phelan  
Arvind Goyal  
Elizabeth Nelson  
Melissa Black  
Veronica Archundia  
Emma Johnson  
Kelly Cunningham  
Robert Mendonsa

**Committee Members Absent**

Erin Weir Lakhmani, Mathematica Policy Research

**DHS Staff**

Gabriela Moroney  
Heather Hofferkamp

**Interested Parties**

Matt Werner, MWerner Consulting  
Paula Campbell, IPHCA  
Jessie Beebe, AIDS Foundation of Chicago  
Angela Boley, Land of Lincoln Legal Aid  
Henry Lotsf, Avesis Incorporated  
Meghan P Carter, Legal Council for Health Justice  
Susan Gaines, IPHCA  
Maria Bell, Avesis  
Beth Berendsen, City of Chicago  
Sophie Milam, GCFD  
Michelle Baldock, IL Department of Insurance  
Brittani Provost, UIC Division of Specialized Care for Children  
Laurie Cohen, Civic Federation  
David Hurter, Amita Health  
Ralph Schubert, UIC Division of Specialized Care for Children  
Marina Kurakin, Legal Council for Health Justice  
Kristin Hartsaw, DuPage Federation on Human Service Reform  
Stephanie Volante, IHA  
Jill Hayden, Medicaid Policy Network  
Rose Dunaway, Girling Community Care  
Susan Gaines, Illinois Primary Health Care Association  
Nelson Soltman,  
Viviana Rodriguez, University of Illinois Hospital & Health Science Systems  
Hannah Auerbach, Access Community Health Network  
John Horvat, Southern Illinois University School of Medicine  
Anabel Murillo, Alivio Medical Center  
Carrie Muehlbauer, Illinois Collaboration on Youth  
Faye Manaster, The Arc of Illinois  
Ann Lundy, Access Community Health Network  
Kristen Feld, Clearbrook  
Mary Dixon, Ligas family Advocate  
Logan Charlesworth, Heartland Alliance  
Luvia Quinones, Illinois Coalition for Immigrant & Refugee Rights

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**Interested Parties**

Stephanie Becker, Shriver Center on Poverty Law  
Robin Lavender, DuPage County Health Department  
Andrea Kovach, Shriver Center Poverty Law  
Martha Jarmuz, Choices CCS  
Jessica A. Pickens, Next Level Health IL  
Kaylan Szafranski, Legal Council for Health Justice  
Angelica Saavedra, Next Level Health  
Andrea L Davenport, Meridian  
Patrick Maguire, Medical Health Network  
Heather Holberg,  
Josh Evans, IARF  
Colleen Burns, GCFD  
Marilyn Moreno, ICIRR  
Bailey Huffman, Coordinated Care Alliance

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**1. Introductions:**

Chairperson Kathy Chan opened the meeting indicating that, due to COVID-19 concerns, this meeting would be held by conference call only. Committee members introduced themselves. HFS and DHS staff members introduced themselves. Kathy Chan asked interested parties to send an email to [veronica.archundia@illinois.gov](mailto:veronica.archundia@illinois.gov) in order to properly record their participation.

**2. Review and Approval of the Meeting Minutes from December 5, 2019 & February 6, 2020:**

Kathy Chan requested that an amendment be made to Page 8, Paragraph 3 of the minutes from the meeting held on December 5, 2019, adding the paragraph "John Jansa announced his decision to resign from the Public Education Subcommittee, effective December 5, 2019. Chairperson Kathy Chan thanked John for his participation and valuable contributions while he served on the committee." With this motion, the December 5, 2019 minutes were approved. The minutes from the February 6, 2020 were approved as written. Sherrie Arriazola made a motion to approve both meeting minutes with a vote of seven committee members in favor, zero opposed, and two members absent.

**3. COVID-19 Response:**

Laura Phelan indicated that, on March 13, 2020, the President of the United States declared the 2019 Novel Coronavirus Disease (COVID-19) a public health emergency. This declaration allows states to submit requests to the Federal Center for Medicare & Medicaid Services (CMS) to waive certain federal regulations. This is intended to create flexibility and allow the Medicaid program, providers, state staff, and beneficiaries to better respond to this emergency through waivers, disaster state plan amendments, and concurrence notices. Some can be implemented immediately, while others need CMS approval. Please follow this link to see the highlights related to COVID-19 in Illinois:  
<https://www.illinois.gov/hfs/Pages/coronavirus.aspx>

Kelly Cunningham, Interim Medical Administrator, presented highlights of two aspects of federal asks, and what the state is doing in terms of the available flexibility related to the COVID-19 emergency. She made a specific reference to the Appendix K, which is a vehicle that exists within the Home and Community Based Waiver (HCBW), which allows the states during times of emergency to request additional authority with regard to the HCBW population. The state currently operates 9 HCBW waivers for people with physical and developmental disabilities, people who need assisted living, the elderly and the "medically fragile/technical dependent children" with certain conditions.

The request is posted on the HFS website:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/032620201115WaiverRequestFactSheet.pdf>

Ms. Cunningham noted that HFS is currently in negotiations with federal CMS, a process which just started on Tuesday. The state may request the temporary increasing of cost limits to enter the waiver but some of these aspects may change. She also indicated that the waiver modifies some of the scope of the service of coverage. With respect to persons with developmental disabilities, early on, decisions were made to close community day service sites, including the Department on Aging service sites. As indicated in appendix K, the request asks for increased funding to cover additional hours to receive care in client homes and to develop alternative services to meet individual needs when clients are unable to go to congregate sites. A request was made to increase respite hours, to allow for different levels of staff to provide services during the COVID crisis and to allow unlicensed settings to serve if there is a need for emergency evacuation of a quarantined client.

Another example of the flexibilities that the state of Illinois has requested is related to the MFTD population. There has been a request made to allow parents to serve as RN caregivers to their children if they are qualified to do so. Another request is to allow for a temporary rate increase. Currently, Illinois has a limited Telehealth Program; however, the emergency rule now in place opens-up many additional avenues for Telehealth by allowing an originating site to be a participant's home and to allow facilities such as a nursing home facility to serve as originating sites. HFS will issue a provider notice that will include billing and coding guidance. MCOs will also be providing additional guidance to allow providers to bill for Telehealth services and get paid. Virtual check-in services will allow for quick phone calls by physicians to check on participants' status and health conditions and to be able to bill Medicaid. More information and details will be provided in the near future about expanding Telehealth services. The state wants to ensure the expansion of Telehealth for persons with fragile conditions to avoid the need for them to come through their communities and possibly become exposed to COVID-19.

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**Sergio Obregon stated that the Chicago Public Schools are working on Telehealth for students with Individual Education Plans (IEPs). He inquired if there can be guidelines that can direct him to accomplish Telehealth for students?** Kelly Cunningham believes that there may be some guidance already issued, but she said that she will need to talk with her team about this.

**Sue Vega indicated that Alivio Medical Center operates three school-based clinics. In addition, Alivio recently launched a platform to offer Telehealth for certain patients within community clinics. Ms. Vega asked if there are procedures that committee members should know about and share with students and their parents who receive services in those clinics.** Ms. Cunningham said that there is guidance for specific provider clinic sites, but she will need to check on school based clinics and will take this question back to the team.

**Heather Hofferkamp, from the Early Intervention (EI) program, which serves children from birth to three, echoed the question that Sergio Obregon had asked related to Telehealth. In addition, she asked for guidance for providers with regard to billing and claim information.** Kelly Cunningham acknowledged receiving questions about EI and noted that HFS staff members are actively working through the development of this guidance.

Deputy Director of New Initiatives, Jane Longo, indicated that, on the HFS website, there is a page developed to provide updates about COVID-19. <https://www.illinois.gov/hfs/Pages/coronavirus.aspx> HFS posted a summary of eligibility changes on 3/27/20. Ms. Longo indicated that the State has filed a State Plan Amendment (SPA) and an 1115 waiver. The main objectives are to accelerate the process for people to get Medicaid, keep people on Medicaid, and simplify the process for caseworkers.

HFS has implemented strategies with which CMS concurs, these include:

- accepting client attestation for income, incurred medical expenses, residency, disability, and insured status but not citizenship/ immigration status. (There is a later item on this which is included in the 1115 waiver.) HFS will also file a Title XXI SPA amendment to align CHIP with all requested Medicaid changes delaying eligibility renewals by temporarily extending renewal dates thereby ensuring that no one loses coverage at redetermination. The state continues to extend coverage for a year when it can through ex-parte renewals. The state is also delaying any actions that would adversely impact eligibility. This is in compliance with federal Family First Act which states that anyone who had Medicaid coverage on March 18, 2020 cannot lose it if the state wants to access enhanced Medicaid federal matching funds.
- in order to respect the social distancing requirements and to be consistent with SNAP changes, the state will allow for verbal client approval through phone applications without telephonic signatures being recorded (with state staff). Lauren Polite is working to set up a similar policy for application assisters and navigators. Please follow this link <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200423a.aspx>

Jane Longo indicated that the state submitted a request for federal approval of the following eligibility changes through a Medicaid 1115 waiver request.

- Accepting attestation for citizenship and immigration status. Generally, caseworkers are able to check citizenship and immigration status electronically, but sometimes documents may be needed; with this request, caseworkers can approve the application, without requesting additional documentation until after the emergency is over. (CMS later told the state that they could not approve this request.)
- Eliminating the asset test for applicants eligible for the Aged, Blind, and Disabled eligibility category.
- Waiving premiums and copayments for the All Kids program and HBWD program (SPA).
- Creating uninsured coverage for COVID-19 testing; also, for treatment coverage part of an 1115 waiver. HFS is developing guidelines that will be released soon regarding submitting claims for testing.
- Allowing the state to cover any out of pocket expenses for insured individuals with regard to testing and treatment, through an 1115 waiver.
- Granting adults Presumptive Eligibility (PE), similar to Child PE, that offers full Medicaid coverage. Currently Medicaid only allows PE for children and pregnant women; this change will give MAGI adults (those who were not AABD and not pregnant) PE upon receipt of application.
- Any Medicaid app that was still pending as of March 18 will start with March PE coverage, provided that it meets the income threshold and immigration/citizenship check. Any apps received in April or later will start

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the first day of the month that the application was received. IES programming isn't completed yet, but it is expected to start soon.

- Requesting a change to allow children and pregnant women more than one PE period in a calendar year.
- The 1115 waiver will suspend review of 60 month transfer of assets for long term care.
- The 1115 waiver seeks approval to bring in non-state staff as a way to augment the workforce
- Currently if verified income differs from attested income by more than 10% the application is denied, HFS wants to raise this to 30%.

Jane Longo indicated that HFS staff members are drafting several notices that will include this information.

Laura Phelan provided an overview of the 1115 waiver. She said that everything in the 1115 waiver needs federal approval – unlike SPA, there has been no indication when this will be approved. She also said that, any approval will be time limited to the duration of the medical health emergency with the 1115 waiver. The state of Illinois has three primary goals: 1) to mitigate the impact of the spread of COVID-19 and to respond to the community emergency; 2) to streamline Medicaid application processing and provide access to needed services as quickly as possible; and 3) to provide Medicaid coverage during the public health emergency. Laura Phelan reiterated that, on the HFS website, there is a page designated to the COVID-19. Follow this link: <https://www.illinois.gov/hfs/Pages/coronavirus.aspx>

The following is a high level summary of the HFS requests to federal CMS:

- Cover the cost of testing and treatment for the COVID-19. All of this authority would expire once the public health emergency ends – either 60 days or at the end of the quarter.
- 
- Eliminate out of pocket costs for the insured – those who are underinsured, as a secondary payer - to help address balanced billing issues – condition of payment is that there is no balance billing.
  - Federal law (The Families First Act) allows Medicaid to cover COVID-19 testing for the uninsured, but not treatment – HFS wants to ensure that there are no concerns regarding accessing treatment
- Provide temporary housing as a Medicaid benefit for individuals experiencing homelessness who have COVID-19 for the 14 day quarantine period.
- Receive federal matching dollars for Medicaid services provided to inmates (state prisons) and detainees (jails) without requiring transport to an acute care facility. That will allow for waiving inmate exclusion and allowing Medicaid to provide services immediately.
- Cover home delivered meals for Medicaid beneficiaries who do not have access to meals during the directed social distanced period.
  - Home delivered meals are part of HCBW services, so this expands the eligible population. This is intended to ensure that Medicaid beneficiaries have access to needed food.
- Waive the initial 30 day choice period to enroll new Medicaid beneficiaries into health plans faster. Beneficiaries will still have their 90 day switch period.
  - HFS no longer has the infrastructure in place to provide good customer service to a large number of new Medicaid beneficiaries. Enrolling eligible beneficiaries in health plans sooner will allow the entire Medicaid infrastructure to be leveraged to provide faster customer service, including access to care coordination services.
- Other 1115 requests were eligibility related requests that Jane Longo discussed previously.

Laura Phelan said the 1135 waiver is primarily focused on creating additional flexibility for providers to ensure that Medicaid beneficiaries can access health benefits when they need them. HFS received partial approval for this waiver. The following is a general overview of the request:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/1135WaiverRequestFactSheetFINAL.pdf>

<https://www.illinois.gov/hfs/SiteCollectionDocuments/03192020IllinoisSection1135WaiverRequestFINAL.pdf>

Some items have already been approved, including some provider enrollment flexibilities, like waiving site visits to temporarily enroll providers and suspending revalidation. HFS also received approval to extend existing prior authorizations, allow post-screenings for LTC admissions, and provide additional time for beneficiaries to file appeals.

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CMS did not deny anything but any items to which no response has been received are still under review. CMS has issued a second set of blanket Medicare waivers and some of these were included in the HFS 1135 waiver request. HFS has asked CMS for clarification about whether or not there would be sending a follow up letter or if HFS can begin implementation. (CMS has since confirmed that the states have the option to apply Medicare blanket waivers to Medicaid without additional authorization from CMS). In some cases, the CMS approvals do not fully align with the HFS 1135 waiver requests since they were drafted and approved for all states. As a result, Illinois providers should follow the HFS provider notices closely to determine how HFS is implementing waiver flexibilities in Illinois Medicaid.

**4. Care Coordination:**

Robert Mendonsa indicated that the Bureau of Managed Care staff members have been meeting every other day with MCO leadership and HFS leadership to stay in close contact regarding the monitoring of the many developments related to the department's response to the COVID-19 health emergency in order to ensure that expectations are shared with stakeholders. HFS is tracking the number of individuals affected by COVID-19 up to this point. Mr. Mendonsa added that HFS is focusing on building capabilities for plans to pay for Telehealth services working with the IMPACT team to pay for providers who are not currently registered, so this is not a limiting factor. The Department is also working with plans to eliminate prior authorizations for any COVID-19 treatments and adding additional benefits like home delivered meals for certain beneficiaries.

Robert Mendonsa said that nearly 80% of recipients are in managed care (Direct enrollment into MCO using auto-assignment.) HFS wants to make sure beneficiaries are connected with customer service and care coordination. HFS is delaying the state-wide expansion of MMAI until July 2021. HFS is also delaying the start of Youth in Care, for current foster children, until at least July 1.

Mr. Mendonsa indicated that the Client Enrollment Broker has made many changes and is presently working from home, the office will be back online tomorrow, and likely fully staffed starting next week. He added that, in spite of this change, no one has lost coverage, they have just remained in Fee-for-service. He explained that anyone who wants to make changes online can go to the Client Enrollment website and submit their changes at: <https://enrollhfs.illinois.gov>

Laura Phelan said HFS is requesting permission to waive the initial choice period in order to directly enroll clients into Medicaid managed care plans through auto-assignment. Clients would continue to have a 90 day switch period.

**Natalie said IAMHP released billing guidance on telehealth for CMHC or SUPR providers which seems to conflict with what HFS has told CMHCs. Can you clarify which is correct?** Natalie will contact Robert

Kathy Chan asked for the clarification of some issues. She asked if providers should continue to assist with the rede paperwork. Jane said that State caseworkers have been directed not to work on redes until the emergency is over. The state can receive rede paperwork, but it will likely not be processed for the duration of the emergency.

Sue Vega asked, for the clarification about what new help assisters can provide for individuals who are applying by phone. Jane indicated that HFS is working on guidance for assisters and that policy is being developed.

Kathy Chan asked if the intent of HFS's is to cover all uninsured for testing and treatment, regardless of immigration status. Jane Longo said that HFS submitted the request for treatment coverage in the 1115 waiver and that the state is currently waiting for a response.

Sergio Obregon asked for more details regarding the meal delivery. Laura Phelan said there are providers that are already providing meals to Medicaid members, but will likely want to find additional vendors. For those who have suggestions on how to structure this benefit (if approved) email [hfs.bpra@illinois.gov](mailto:hfs.bpra@illinois.gov) with questions or suggestions

A participant asked more details about the 14 day quarantine housing coverage period for homeless persons. She said there are a number of housing providers that are not currently Medicaid billers. Laura Phelan suggested if there are recommendations or ideas to consider, please submit them to [hfs.bpra@illinois.gov](mailto:hfs.bpra@illinois.gov)

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Stephanie Backer asked if there is a way to speed up the manual ID proofing for individuals who cannot establish their identification through Experian. Lauren Phelan recommended not waiting for the notice after submitting information for the manual ID proofing process. She suggested clients log back into Manage My Case because they may have been approved before they received the notice.

**Stephanie asked while waiting for the federal approval for test and treatment for COVID-19 for undocumented individuals, if it is not approved, how would the state handle that? Laura Phelan and Jane Longo said the state will explore other options.**

**5. Illinois Department of Human Services (DHS) Update:**

Gabriela Moroney indicated that the Department of Health and Human Services has been working intensively on the challenges COVID-19 presents to beneficiaries, providers, facilities and programs. She encouraged committee members and interested parties to visit the DHS web page. She suggested if anyone has questions about DHS' COVID-19 response, they can go to in particular the following links:

<http://www.dhs.state.il.us/page.aspx?item=123651>  
<http://www.dhs.state.il.us/page.aspx?item=123396>  
<http://www.dhs.state.il.us/page.aspx?item=123343>  
<http://www.dhs.state.il.us/page.aspx?item=123562>  
<http://www.dhs.state.il.us/page.aspx?item=123863>  
<http://www.dhs.state.il.us/page.aspx?item=124154>

In addition, in the DHS home page there is information about where individuals are able to call for support, including with the option to talk to someone to respect the social isolation. Also, there is information regarding lodging services for homeless people.

**6. Public Education Subcommittee Charge**

<https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/publiced/Pages/default.aspx>

Due to time constraints, this item was not discussed during the meeting.

**7. ABE & IES & Rede Updates:**

Jane indicated that at this time, HFS March numbers are not yet available. She said that at the end of February the state had roughly 120,000 of applications. Of which 91,000 were over 45 days. The number of redeterminations that are ex-parte were 37% for redes mailed for June. During the emergency period, the state will not mail redetermination form B. She clarified the Form A is for individuals for which the state has electronic information to determine continued eligibility without additional documentation. Form B is for individuals for whom additional documentation is necessary in order to determine continued eligibility. DHS help line that helps with applications is still open; staff is now working remotely.

**8. Criminal Justice Update:**

Lynne Thomas reported that HFS has received a high volume of Applications from the Illinois Department of Corrections.

Sherrie Arriazola said that although she had not attended the previous meeting. She wanted to confirm that individuals residing at Adult Transition Centers (ATCs) can be covered by Medicaid and providers can bill Medicaid as they normally do for those enrolled? Lynne confirmed but stated that a formal notice has not been issued, so can use meeting minutes as necessary. A notice will be forthcoming.

**9. Open Discussion and Announcements:**

Kathy Chan asked if anyone had any additional questions or aspects to share. She noted that the discussion of the Public Education Subcommittee charge will be discussed during the next meeting.



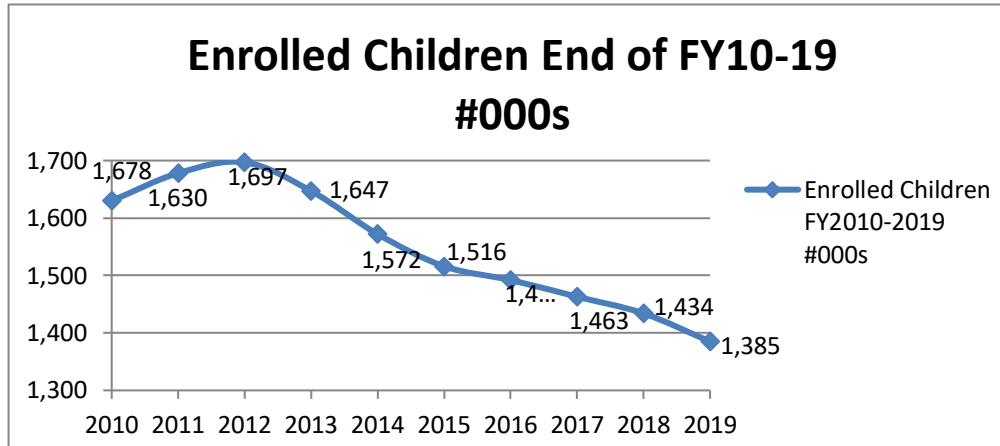
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**10. Adjournment:**

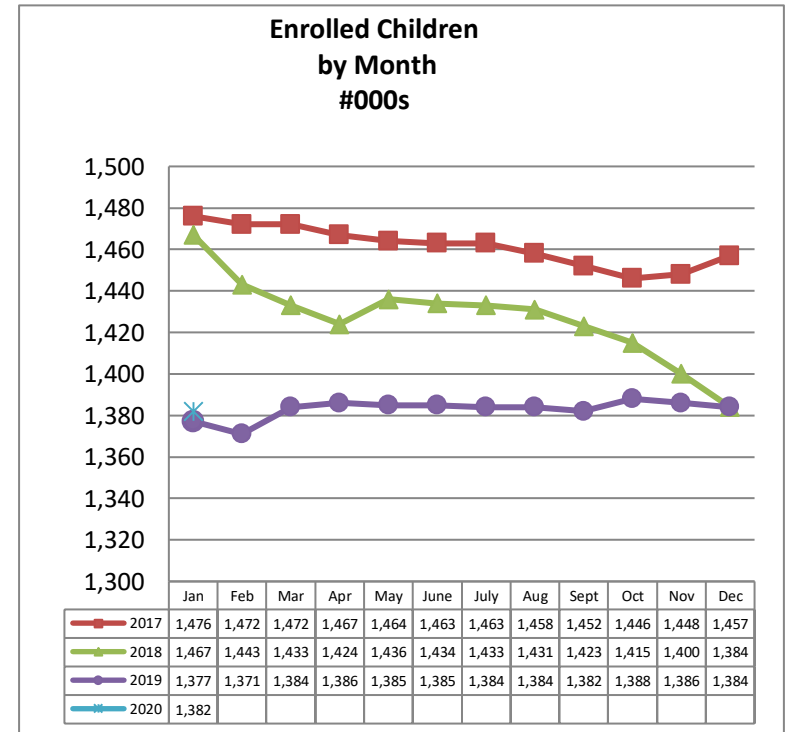
The meeting was adjourned at 12:04 p.m. The next meeting is scheduled for June 4th, 2020, between 10:00 a.m. and 12:00 p.m.

### Children's Enrollment

End of FY	Enrolled Children FY2010-2019 #000s
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463
2018	1,434
2019	1,385



End of Month	Enrolled Children #000s	End of Month	Enrolled Children #000s	End of Month	Enrolled Children #000s	End of Month	Enrolled Children #000s
<b>2017</b>		<b>2018</b>		<b>2019</b>		<b>2020</b>	
Jan	1,476	Jan	1,467	Jan	1,377	Jan	1,382
Feb	1,472	Feb	1,443	Feb	1,371	Feb	
Mar	1,472	Mar	1,433	Mar	1,384	Mar	
Apr	1,467	Apr	1,424	Apr	1,386	Apr	
May	1,464	May	1,436	May	1,385	May	
June	1,463	June	1,434	June	1,385	June	
July	1,463	July	1,433	July	1,384	July	
Aug	1,458	Aug	1,431	Aug	1,384	Aug	
Sept	1,452	Sept	1,423	Sept	1,382	Sept	
Oct	1,446	Oct	1,415	Oct	1,388	Oct	
Nov	1,448	Nov	1,400	Nov	1,386	Nov	
Dec	1,457	Dec	1,384	Dec	1,384	Dec	



**ABE Manage My Case, Appeals, and FFM Cumulative Statistics  
For MAC Public Education Subcommittee  
As of 05/21/2020**

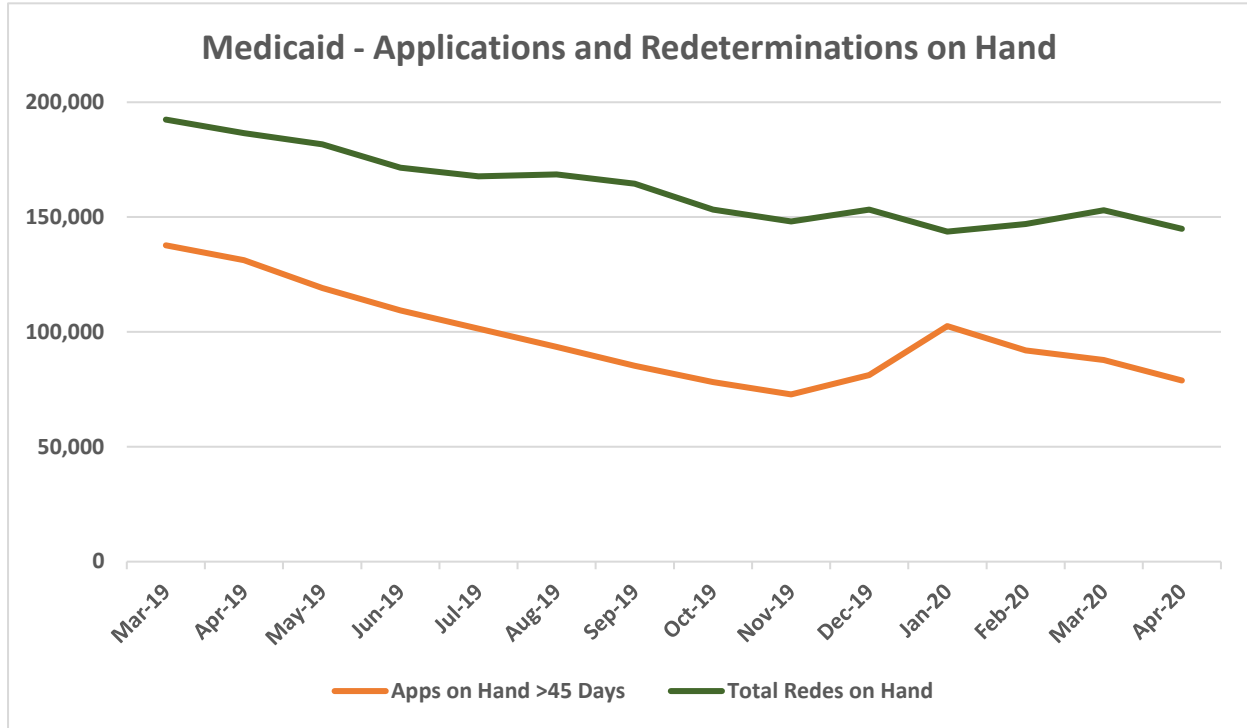
	5/21/20	02/02/20	11/25/19	9/23/19	7/29/19	5/23/19	4/3/19	2/7/19	10/3/18	7/31/18	4/10/18
ABE MMC Accounts Linked	1,128,847	974,179	902,599	836,178	747,236	702,833	643,018	570,348	416,010	329,244	240,780
Renew My Benefits	327,998	294,736	272,015	252,648	232,669	209,483	193,446	172,590	125,603	97,679	53,557
Report My Changes	269,498	225,736	206,154	187,361	169,956	151,150	136,784	121,002	84,882	63,762	31,187
Program Adds	123,945	95,625	86,564	78,096	70,302	61,447	54,621	46,896	31,136	22,908	10,033
Member Adds	30,801	28,492	26,907	24,683	22,495	20,116	18,545	16,485	11,758	9,753	5,173
Mid-Point Reports	176,435	158,350	139,426	125,304	112,567	98,207	88,057	74,786	47,454	34,357	11,247
Appeals submitted	76,477	63,349	59,124	54,067	49,360	43,935	39,974	34,576	24,551	NA	7,380
FFM cases received since 11/17	354,714	326,316	269,289	234,257	226,185	215,901	208,047	198,234	123,550	114,885	102,618
Cumulative count of people successfully ID proofed through the State	3,481	2,865	2,399	1,918	1,512	959	449	NA	NA	NA	NA

**Note: All statistics are cumulative**

5/21/2020

**Medicaid**

	<b>Apps on Hand &gt;45 Days</b>	<b>Total Redes on Hand</b>
Mar-19	137,712	192,442
Apr-19	131,293	186,540
May-19	119,060	181,729
Jun-19	109,371	171,493
Jul-19	101,440	167,718
Aug-19	93,530	168,535
Sep-19	85,294	164,572
Oct-19	78,207	153,275
Nov-19	72,807	148,048
Dec-19	81,180	153,228
Jan-20	102,523	143,683
Feb-20	91,907	146,958
Mar-20	87,738	152,927
Apr-20	78,835	144,940
May-20		
Jun-20		
Jul-20		
Aug-20		
Sep-20		
Oct-20		
Nov-20		



Number of Cases by Form B Reason

4/27/2020

Form B Reason	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
<b>Received Form A</b>	26,490	30,381	31,237	32,719	41,736	49,376	46,148	48,155	44,903	38,620	40,162	41,934	37,669	39,800	43,542	44,754
	20%	29%	25%	26%	33%	37%	32%	37%	37%	32%	35%	37%	32%	37%	37%	36%
IL Residency not verified	26,302	17,933	24,048	23,724	0	0	0	0	0	0	0	0	0	0	0	0
Program on the case does not qualify - ABD b/c assets	25,338	21,997	23,861	22,862	27,831	29,478	31,738	27,197	24,521	24,453	26,552	24,015	24,880	24,902	25,761	24,485
Earned income exists on case , none in clearances	15,912	5,962	7,236	10,118	10,462	5,550	9,141	5,515	5,009	7,661	4,704	4,714	7,383	3,963	4,297	6,267
No clearance or case record income was found	14,959	9,908	12,168	12,691	14,097	22,508	26,167	21,827	21,649	22,843	18,312	19,156	23,054	18,177	19,971	22,734
SSN not provided	5,929	3,694	4,893	5,000	8,075	9,577	9,976	8,496	8,329	8,813	8,667	8,697	9,115	6,783	7,770	8,395
AWVS income exceeds the income limit	5,634	7,449	7,411	6,286	8,310	8,214	11,210	10,283	9,491	9,973	8,683	8,980	9,554	9,458	9,387	9,812
Individual active and eligible for Medical on different case	4,367	3,609	4,084	4,428	5,220	0	0	0	0	0	0	0	0	0	0	0
Case record has SelfEmployment	2,883	2,021	2,816	3,099	4,514	4,580	5,039	4,670	4,547	4,079	3,983	4,116	4,539	3,622	4,336	4,753
Unearned income not verifiable electronically	1,372	1,086	1,290	1,312	1,581	1,609	1,775	1,520	1,494	1,478	1,382	1,392	1,473	1,324	1,506	1,602
Individual is undocumented	555	342	455	470	916	18	22	31	24	20	22	24	22	19	24	38
Technical Exception	300	417	3,749	416	781	858	1,038	978	977	863	918	8	15	13	17	8
Case Record	287	251	201	239	253	264	291	272	204	284	225	187	257	207	183	143
Unknown individual flagged by conversion	126	81	109	147	260	15	22	12	16	13	9	18	13	14	19	19
Citizenship not verified	121	82	81	68	119	65	70	66	58	51	36	21	26	27	18	35
Individual is a PW or child would not qualify as an adult	117	109	127	124	266	275	303	258	272	228	228	233	232	232	231	300
Case record has Rental Room & Board	53	28	45	55	55	79	78	68	81	66	51	62	75	50	62	76
TPL Coverage	28	18	27	33	191	192	254	215	184	228	171	209	196	233	228	76
Benefit Match Not Successful	2	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Received Form B</b>	104,285	74,987	92,604	91,072	82,931	83,282	97,124	81,408	76,856	81,053	73,943	71,832	80,834	69,024	73,810	78,743
	80%	71%	75%	74%	67%	63%	68%	63%	63%	68%	65%	63%	68%	63%	63%	64%
												Form B was not mailed out in Mar or Apr				
<b>Total</b>	<b>130,775</b>	<b>105,368</b>	<b>123,841</b>	<b>123,791</b>	<b>124,667</b>	<b>132,658</b>	<b>143,272</b>	<b>129,563</b>	<b>121,759</b>	<b>119,673</b>	<b>114,105</b>	<b>113,766</b>	<b>118,503</b>	<b>108,824</b>	<b>117,352</b>	<b>123,497</b>