

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
Approved Final Meeting Minutes
June 14, 2012.**

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

Committee Members Present

Kathy Chan, IMCHC
Margaret Stapleton, Shriver Center
Sonja McGrath, SIU HealthCare
Susan Vega, Alivio Medical Center
Brittany Ward, Beacon Therapeutic (for Margaret Dunne)
Nadeen Israel, Heartland Alliance
John Jansa, Molina HealthCare (via phone)
Henry Taylor, Mile Square Health Center (via phone)
Hardy Ware, East Side Health District
Paula Ramos, Community HealthCare (via phone)

HFS Staff

Jacqui Ellinger
Lynne Thomas
Robyn Nardone
Veronica Archundia

Committee Members Absent

Diane Goffinet, Land of Lincoln Legal Assistance
Cora Shaw, Client Advocate

Interested Parties

Debra Matthews, DSCC
Diane Montanez, Alivio Medical Center
Darlene Ogbuagu, Alivio Medical Center
Stephanie Gutierrez, Beacon Therapeutic
Dr. Judy King (via phone)
Erin Weir, Age Options
Karen Brach, United HealthCare
Susan Melczer, MCHC
Victoria Bigelow, Access to Care
Kiernan Keating, TPUSA
Andrea Kovach, Shriver Center
Jenn Kons, ICIRR
Kelly Rose, PPIL
Cynthia Herrera, LAF
Carrie Chapman, LAF
Christine Cazeau, Illinois Health Connect
Sheri Cohen, CDPH
Jill Hayden, PHCA
Manssa Kirby, IARF

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1. Introductions

Kathy Chan, from IMCHC, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

2. Review of Minutes

Sherry Cohen, from CDPH, noted that the Chicago Department of Public Health (CDPH) has not been officially represented; with this correction, the minutes for August 25, 2011, October 20, 2011, December 8, 2011, February 9, 2012, and April 12, 2012 were approved.

3. Committee Appointments and Members Orientation

Jacqui Ellinger, Deputy Administrator of the Medical Programs, welcomed the newly appointed members of the committee, as well as acknowledging Susan Hayes Gordon, the Chair of the Medicaid Advisory Committee, who was not present, and the Vice-Chair, Kathy Chan, who was in attendance. Ms. Ellinger provided an overview of the MAC bylaws and logistics of the committee. She observed that active participation at the meetings is essential, the expectation being that committee members will participate in person. However, accommodation for participation via conference call is also possible. Members who cannot attend in person are urged to send a designee. Ms. Ellinger observed that any member who misses three consecutive meetings and fails to send a designee will be replaced.

Kathy Chan, Vice-Chairperson, from IMCHC, and Margaret Stapleton, from the Shriver Center, each noted that it is important to clarify the fact that input from interested parties attending the meeting is valuable, even though they do not have voting rights. This view was supported by Sue Vega, from Alivio Medical Center.

4. FY2013 Final HFS Budget Report and Discussion

Jacqui Ellinger indicated that the FY2013 state budget includes spending reductions, utilizations controls, and new revenues in an effort to fill a \$2.7 billion budget deficit with respect to medical programs; this amounts to 10% of the state expenditures. The General Assembly recently passed, and the governor signed the Savings Medicaid Access and Resources Together, SMART Act along with four other budget related bills. Most changes will be effective beginning July 1st, 2012.

The budget cuts eliminate Illinois Cares Rx, which was a supplemental support for senior citizens and people with disabilities in need of assistance with pharmacy benefits. Additionally eliminated was General Assistance (GA) in Chicago, through which the state had been paying for limited medical services.

The FamilyCare program for people with income above 133% of the FPL, which includes grandfathered adults with income between 185% to 400% of the FPL, also has been eliminated. Ms. Ellinger indicated that 133% of the FPL will be the national standard for Medicaid under the Affordable Care Act (ACA.)

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There is a cap that has been established for children who are Medically Fragile Technology Dependent (MFTD Waiver). It is estimated that the cap will affect fewer than 40 families; never-the-less, that is a significant cap.

Adult services that will no longer be covered include: chiropractic care, dental care (except emergencies extractions), and podiatry care (except for diabetics.)

Going along with the SMART Act, there is a companion bill, HB5007, which authorizes the implementation of a waiver in Cook County for early roll-out of The Affordable Care Act (ACA), which will benefit “the expansion population.” However, since ACA is being considered by the Supreme Court, the law allows for a provision that, if the Supreme Court strikes down ACA, further revisions may be made. But, if the Supreme Court does not entirely strike down ACA, then, work toward an early expansion will be undertaken to include low income people in Cook County, who would not otherwise be eligible for Medicaid (because they are not a child under 18 years old, are not raising children, don’t have a disability, or are not old enough to receive Medicaid).

On the other hand, there is a great deal of concern regarding the integrity and eligibility of the medical program. In order to address this issue, the General Assembly has authorized a provision to enhance the eligibility verification process. In the next 60 days, the state will engage in the procurement of an external vendor who will conduct verifications associated with the “REDE” or redetermination for everybody enrolled in the medical programs. The procurement is being conducted by the Chief Procurement Office (CPO). Information about the procurement will be provided to committee members in a follow up e-mail. The initial term of this contract is for 2 years, which then can be extended for 2 additional one year terms. This is expected to be in place for at least 2 years, as IES (Integrated Eligibility System) comes into effect.

It is expected that the vendor will have access to national databases to verify financial eligibility, which implies that the process will be largely electronic and, therefore, is not expected to create a burden on recipients.

Henry Taylor, from Mile Square Health Center, asked how much time clients have to respond to the vendor regarding a notice. Jacqui replied that there is a hard date in the statute; the client has ten business days to reply following the date of a notice. The final redetermination will still be made by state case workers, which is an obligation of the federal law.

Susan Vega, from Alivio Medical Center, asked if there would be a way to challenge a cancelation. She said that a lot of people in urban and suburban areas cannot rely on regular mail. Jacqui acknowledged this issue, stating that every effort is being made to resolve any distribution concerns. She added that the state has a pretty generous policy, allowing that, as long as somebody responds by the end of the month following the date of a cancelation, the

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case may be re-instated, without requiring a new application, and that re-instatement can go back to the beginning of the month.

Erin Weir, from Age Options, asked if this vendor will conduct any telephone calls to contact clients who are within the senior population. Jacqui indicated that the details regarding how the vendor will operate are being developed by the CPO. However, she invited anybody with suggestions, comments, or concerns to share them with HFS staff.

Andrea Kovach asked if there are Federal funds included within the FamilyCare program above 133%. Ms. Ellinger replied yes because the FamilyCare program is funded under Title XIX. Ms. Kovach then asked if a state plan amendment had been filed. Not yet, Ms. Ellinger explained that, under Title XIX, a state plan amendment like this one can be filed as late as the last day of the quarter in which a change would take effect. The Governor's office had sent out a letter certifying, that without these cuts there would have been a budget deficit.

Diane Montanez stated that she had read a summary of the changes and asked how they are going to affect the relation between the AKAAs and HFS. Ms. Ellinger replied that we hope to continue the working relationship that we have developed over the years; any entity that would like to continue as an ACAA may do so, but then explained that technical assistance payments (TAP) were never provided for in the law, so no change in law is required to eliminate them; that is why they are not mentioned within the new act.

Jenn Kons, from ICIRR, asked if the state can provide a copy of the notices sent out to clients. Ms. Ellinger provided copies of three client notices that are available for review, as well as several other announcements, at <http://www2.illinois.gov/hfs/agency/Pages/Budget.aspx> under the budget section.

The first notice that was discussed was: "Notice of Termination of Illinois Cares Rx Benefit" <http://www2.illinois.gov/hfs/SiteCollectionDocuments/2012ilcaresrx.pdf>

Kathy Chan then asked if HFS will make an attempt to enroll women who are losing benefits under FamilyCare who may still be eligible for the Illinois Health Women. Ms. Ellinger assured committee members that an automatic process would go into effect to benefit women who meet the eligibility criteria.

Sue Vega asked to have access to data, counts by zip code of the number of people enrolled in ICRx who do not have Medicare and would not have any coverage after July 1st, 2012. This request was seconded by Erin Weir, from Age Options, adding that this information is relevant to the aging social service network in order to allocate any resources available to target the geographic areas that will be affected the most. Ms. Ellinger replied that the department is very interested in diminishing the pain that this is causing and will provide the information requested in a follow-up e-mail.

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Ms. Ellinger then presented the committee with a second notice, titled: "Important News about your Medical Benefits" CN1214.

<http://www2.illinois.gov/hfs/SiteCollectionDocuments/FamilyCareNotice.pdf>

Jacqui indicated the CN1214 notice that was sent last Friday provides an explanation to affected individuals so that they can understand the changes due to the budget cuts. According to Lynne Thomas, Chief of the All Kids Bureau, people who have reported change in their income or family composition have been considered for other programs, such as FamilyCare Assist, "Moms and Babies", and Illinois Healthy Women.

Ms. Ellinger pointed out that changes for clients are summarized in the notice titled "Important News About Your Medical Benefits" CN1215.

<http://www2.illinois.gov/hfs/SiteCollectionDocuments/ChangesStateMedicalBenefits.pdf>

This notice is going to all of the Assist and AABD cases.

Henry Taylor asked if there would be a process of education for clients and recipients, and Jacqui replied that the notice would be sent to clients, and announcements would be posted on the HFS web site. Robyn Nardone, from HFS, added that any document posted on the web site is a public domain, therefore, any information can be copied at any time, and shared with clients.

Sue Vega is concerned about the impact that the four prescription limit would place on the AABD population, in terms of drugs for conditions like diabetes and heart disease. Ms. Ellinger responded that this is an area in which she had not been directly involved and did not know when that information would be ready to be released. Robyn Nardone, from HFS, noted that "provider notices are being posted on the HFS web site as we speak." Jacqui then added that clients should be encouraged to speak to their physicians and ask about how they might be affected by these new provisions.

5. Subcommittee Agenda for FY2013

Vice-Chairperson Kathy Chan indicated that more attention should be placed upon enrollment numbers, while children, for the most part, should have their eligibility preserved; a great number of children are attached to their parents' FamilyCare plan, and they should not be cut off as a result of their parents losing eligibility.

Sue Vega added that while she appreciates learning about the latest policy updates, and who is being affected, she added, the process is also important. Therefore, she suggested having a fairly constant presence of DHS staff at meetings, because they are the ones who would be implementing policy, and usually things break down at the FCRC level.

Ms. Ellinger stated that, due to budget cuts and staff reduction, DHS has been affected severely. Nevertheless, DHS is working on re-engineering with the help of a Ford Foundation grant and has four pilot offices in an attempt to improve services and the flow for

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staff and clients. She acknowledged that representatives of DHS have attended committee meetings when invited and included within the agenda.

Sue Vega suggested that, perhaps at a minimum, DHS could provide updates for specific topics. Jacqui suggested that members of the committee could design the agenda and DHS could be invited.

Ms. Ellinger indicated that, in the next AKAA alert, a brief message about Charity Care will be included. After the meeting, HFS staff will send a draft AKAA alert to committee members seeking their comments and thoughts about how to convey this message.

Margaret Stapleton stated that in her opinion the Medicaid program has improved tremendously in the last ten years. She believes that the Medicaid is serving the people in Illinois. Jacqui said that she did not believe that there is a consensus in that regard and that's why the MAC has created the Access Subcommittee. She added, there is a concern that there is a disparity in access to care.

Kathy Chan asked members for any agenda suggestions for the next meeting.

6. Updates:

Electronic Eligibility Verification: Ms. Ellinger reported that a new vendor will take over the redeterminations of eligibility, but this also means that passive redetermination would be replaced with active electronic redeterminations, so the expectation is that, very soon, it will be possible to stop sending passive REDE notices. The vendor will take responsibility for doing an electronic review of all sources available for determining eligibility prior to the redetermination due date, as well as notifying clients, following up if information is needed, and making recommendations. However, state employees will make the final determination of eligibility.

Ms. Ellinger noted that another important aspect that the SMART Act requires is that any employer with 25 or more employees must report wages on a monthly basis. This is a huge improvement to ensure that the state has access to more current wage information. This initiative will begin in January 2013. Employers will be reporting by the end of the month following the month in which the wages were paid. The report will be monthly instead of quarterly. Jacqui commented, this is a great system, there is programming that still needs to happen, but it would be a much better source of current data that sometimes is six months old and includes people who have lost their job. If anybody is interested in the procurement to secure a vendor, information will be provided in a follow-up e-mail after the meeting. Ms. Ellinger could not describe the process because the CPO is controlling it, although DHS and HFS are both working with the CPO in developing the duties and responsibilities of that special vendor.

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Health Insurance Exchange: Kathy Chan stated that there is not much to report, except that we are waiting for the Governor to secure an executive order to start the health insurance exchange.

Integrated Eligibility System: Ms. Ellinger indicated that there are serious bidders interested in the development and modernization of existing eligibility systems. She noted, this is a big project, and it not going to come online in a hurry. Instead, it will be launched in phases, probably not until October of 2013. The procurement process is still underway. More updates will be offered during upcoming meetings.

Jenn Kons, from ICIRR, asked if this project would still move forward, even if the ACA gets thrown out by The Supreme Court. Ms. Ellinger replied that it would likely continue, because the federal money is not contingent on ACA being in place, because CMS makes that decision, but if a new administration takes office in January of 2014, and decides to cut off the funds, that would be a big problem.

7. Open Discussion and Announcements

Robyn Nardone, from HFS, indicated HFS is in the final stages of programming the necessary changes to eliminate the monthly medical card mailing. In light of the budget issues, it is not possible to continue sending mailings to 1.6 million cases every month. So the goal is to eliminate the monthly card, and movement is taking place in that direction. The idea is to simplify what currently exists, and it's expected the paper medical card will be formatted differently. Ms. Nardone remarked that once again, a follow-up e-mail will be sent to members of the committee seeking their comments and suggestions regarding language in English and Spanish that would appear in the medical card itself.

Kathy Chan asked who should address questions or issues raised by providers. Ms. Ellinger replied that additional questions or concerns can be sent to her, Veronica Archundia, or the webmaster hfs.webmaster@illinois.gov. She added, the webmaster will be the best option, since our internal protocol establishes that e-mails received by the webmaster will be forwarded to the appropriate person for reply.

8. Adjourn

The meeting was adjourned at 12:38 p.m. The next meeting is scheduled for August 9th, 2012, from 10:00 a.m. to 12:00 p.m.