

201 South Grand Avenue East
Springfield, Illinois 62763-0002

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

Public Education Subcommittee Meeting

Thursday, June 16, 2022

10:00 a.m. to 12:00 p.m.

Due to COVID-19 concerns, the Public Education Subcommittee meeting will be held by WebEx. Please join the WebEx a few minutes before the meeting start time using the following link:

<https://illinois.webex.com/illinois/j.php?MTID=m2d40934358321d85f7cc943cb680c9f8>

Meeting Number: 2451 724 7443

Or use the Call-in Option +1-312-535-8110 or +1-415-655-0002

A few WebEx tips:

- You may use your computer's audio or the phone option for sound; in our experience the "Call-me" option has the best sound quality.
- If you are calling-in and not using the WebEx link, please email veronica.archundia@illinois.gov (You will then receive any last-minute meeting materials.)
- Individuals participating through WebEx may use the "chat" function to communicate with the meeting host.

AGENDA

1. Introductions and Announcement
2. Review and Approval of the Meeting Minutes from April 21, 2022
3. HFS Application Agent Reminder
4. State Updates
 - a. Medical Programs
 - b. DHS
 - c. HealthChoice Illinois
 - d. Eligibility
 - Planning for the End of the PHE
5. Open Discussion and Announcements
6. Adjournment

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

E-mail: hfs.webmaster@illinois.gov

Internet: <http://www.hfs.illinois.gov/>

**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

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

Kyrsten Emanuel, Start Early
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

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

1. Introduction:

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

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

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 (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

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

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.

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

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

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 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

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

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 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.

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

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.

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.

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

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.

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,

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

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 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,

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

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.

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.



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

Application Agent Frequently Asked Question

1. How do we know if we are registered as an agency through HFS? I know at one point we were several years ago, but we have had a lot of staff turnover.
 - a. If you were registered in the past and you are currently able to log into ABE, you do not need to reregister. However, you will need to set up accounts in ABE for new staff members and assign a new Primary Agency Security Administrator. Refer to the [ABE Provider Portal ASA Job Aid](#) for additional information.
2. Will both the Customer Authorization Form and the Telephonic Consent Form have to be uploaded to the application/redetermination forms once they are completed?
 - a. Yes, both forms should be uploaded and submitted along with a new application or renewal.
3. Does the Customer Authorization Form have to be completed at every instance or can the agency keep the form on file for the client in our secure system?
 - a. There is nothing that requires the authorization to expire after 1 year. However, it is best practice to renew authorizations periodically, whether that be every year or some other interval that makes sense for the organization and the type of work being done.
4. We are FQHC and submitting All Kids Application/MPE/SNAP/MEDICAID for many years. Do we also resubmit application (AHS Family Health Center).
 - a. All AKA Agents need to resubmit the Application Agent Agreement (AAA), Business Associate Agreement (BAA) and W-9. This is because the language in the Agreements has changed but this does not require agencies to re-register in IMPACT if you are already using the ABE Provider Portal.
5. Some agencies also registered as community partners when helping customers apply through ABE - but they weren't necessarily AKAA.
 - a. Community Partners can continue as they always have, however we encourage all Assister agencies to become Application Agents. This will allow HFS to better track Assisters, will keep Assisters informed about new programs, and allow them to register in our MEDI system to look up customer eligibility. The information they would have access to in MEDI would include eligibility information, redetermination dates, and assigned MCO.
6. If you recently renewed your MPE process, would this new HFS Application Agent process have been included or are they two separate processes?
 - a. MPEs and AAs are different types of Providers. MPE Providers are not required to complete these new documents unless they wish to become HFS AAs. MPEs may need to complete new agreements in the future, however.
7. Hi, are the add a newborn access through ABE only for hospitals?
 - a. Correct, currently only Hospitals are allowed to submit a newborn Report of Birth.
8. Can we continue to complete just MPE's or will we be required to complete ongoing applications?
 - a. While it is not a requirement to complete ongoing applications, it is best practice and in the best interest of the customer and the Health Care Provider to do so and is strongly encouraged by

Application Agent Frequently Asked Question

HFS. If you do not complete a full application, be sure the customer understands that a full application will need to be submitted in order for hospital costs to be covered.

9. We have been using the ABE portal, enrolling patients in Medicaid, etc... however we are not listed on the on HFS Application Agent list under the "Search for Agents" on the HFS website...Is this list updated? Would we be considered a new applicant or existing?
 - a. If you have been using the ABE Provider Portal, then you would be an existing Agent. The HFS list is outdated but will be updated after this new enrollment process.
10. If our organization and employees are strictly registered as a CAC organization/CAC's, do we need to go through this process to continue assisting applicants with the Medicaid process?
 - a. Not required, but encouraged
11. Is it possible for each Agency/FQHC be advised if they need to re-register or they continue as at presently processing applications?
 - a. If you were registered in the past, you are still registered. You will need to submit all documents though. If you have a current Provider Portal Account, then you are registered in IMPACT. When an account is set-up in the Provider Portal, the Provider number will only be recognized if you are registered in IMPACT.
12. If we already have an ABE Provider Login, are we already designated in IMPACT or do we need to edit/add something in IMPACT?
 - a. If you have a current Provider Portal Account, then you are registered in IMPACT as an Application Agent. When an account is set-up in the Provider Portal, the Provider number will only be recognized if you are registered in IMPACT.
13. We help non-English speaking clients who have come to us that were not assisted with adding baby. How should we proceed those clients?
 - a. Babies can be added in a few ways; if the client has an MMC Account that is the quickest way to add a newborn to a case. Assist the client in creating an MMC account if possible. You may also send a [243n Request to Add a Newborn Form](#) to HFS to add a newborn.
14. Can you confirm how it show up on our provider information sheets I see both 030 Healthy Kids services and 067 Maternal and Child Health Application
 - a. 067 is the indicator for Application Agents
15. What if they can't get identity authorized through Manage My Case, would it be a new application?
 - a. If an individual wants to add a benefit and they do not have an MMC account, they can apply for the new benefit through ABE as a new application – the DHS Caseworker will link the two cases. We also have a Manual Identity Proofing process for individual's who cannot be verified through the automated process in MMC.
 - b. English: <https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-3610.pdf>
 - c. Spanish: <https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-3610S.pdf>

Application Agent Frequently Asked Question

16. For some reason when I use the ABE Assister Consent form, some of the mail comes back addressed to me. Why would that happen? Is that normal? I have been using that consent form since the pandemic started in 2020. How can we prevent this moving forward?
 - a. This should not be happening; we are sending instructional materials to our Caseworkers to stop this process.
17. How are we doing redetermination for 55+ immigrant program if client does not have a SS# for those applicants?
 - a. These individuals will get redetermination paperwork mailed to them just as other customers do. Agencies can assist by faxing documents to HFS/DHS on the customer's behalf is requested by the customer.
18. For MMC, when the form is submitted for identity proofing, why are clients still not given access to MMC. I've had some clients be denied because they weren't able to verify but all documents were sent in Ex. ID/proof of address/ss card.
 - a. HFS would need to check in to this on a case-by-case basis.
19. Is a license required to be AA?
 - a. A license is required if you are an Insurance Agent requesting to be an HFS Application Agent and obtain a Provider ID.
20. After submission can we receive confirmation and status of processing from HFS/DHS?
 - a. Through the Provider Portal you will receive simple statuses; Submitted, In Process and Approved or Denied. Additional information can be found in the MEDI system.
21. Remove User permanently does not work!
 - a. While it may seem as if "Remove User Permanently" does not work because the User's name will still appear on the Agencies ASA page, if the removed user were to attempt to login, submit or look up data they could not.
22. Can a single authorization Form be used for the entire organization, or does it have to be only one person?
 - a. Yes, one form can be used for entire organization. The individual employee's name that assisted the customer should be documented at the bottom of the document, so that it's still included.
23. Will there be new required training?
 - a. There will be new training that will be mandatory for new agents and optional but recommended for existing Agents.
24. How do I edit IMPACT Registration to include HFS Application Agent? Use existing account or create new account? Where is the indicator in IMPACT that needs to be checked? Our organization's IMPACT staff member couldn't find where to edit/add this functionality. She called her IMPACT contact, and they couldn't help her either.
 - a. If you are already enrolled in the IMPACT System as a traditional medical provider, you will do nothing in IMPACT. To enroll as a new, non-medical provider Agency Application Agent in the

Application Agent Frequently Asked Question

IMPACT system, a Provider will first need to choose “Atypical Agency” as their Enrollment type. Once all Agreements have been completed our IMPACT technical staff will add the Application Agent indicator to your new or existing enrollment which will allow agency staff to register in the ABE Provider Portal.

Provider ID: [REDACTED] Name: [REDACTED]

Add Specialty/Subspecialty

Location: [REDACTED] *

Provider Type: ELIGIBILITY INQUIRER - AA *

Specialty: Application Agent - Other - AA *

Start Date: 10/29/2020 *

End Date: [REDACTED]

Add Subspecialty

b.

25. For clarification - as a Navigator/CAC team within a FQHC once our agency completes/re-registers as the HFS Application Agent, we will take the new and up to date training and utilize the forms to assist the clients/applicants and that completes our process?
- IMPACT **re-registration** is not needed if you are already an Application Agent. However, if your agency has never registered as an Application Agent you will need to create a new Atypical Agency registration or we will have IMPACT staff add the Application Agent indicator to your existing medical enrollment. Submission of requested documents is required of all agencies. All Application Agents should use new forms. Training is recommended for all Applications Agents but only required for New Agents.
26. Are FQHC's required to register or is it optional? As part of a FQHC, do we have to register as a group or individually?
- HFS does not regulate FQHCs and so cannot require Application Agent enrollment for them. FQHCs would register as a single agency, a Provider ID would be created for the agency and all users from that agency would use the same Provider ID.
27. If a client applied on their own through ABE and requests our assistance with MCO selection, answer a DHS notice, or anything other than to assist with an application, would we need to obtain a Customer Authorization form?
- The Customer Authorization Form is not needed to assist customers by faxing documents or assisting with MCO information. The AA Agency should not keep copies of any of the information the clients share and cannot make any decisions on behalf of the customer. However, if the AA wanted to follow-up with DHS/HFS on behalf on the customer they would need the form.

Senior Expansion Program
(Report Run Date: 5/10/2022)

MangPCd MangPCdDesc
6l 100% FPL or lower- No Spenddown, age >65 and non-citizen
7l Over 100% FPL -with Spenddown, age >65 and non citizen

| Active_Closed | Customer_Count | Claims Received - Payable Amount |
|---------------|----------------|----------------------------------|
| Active | 10,707 | \$ 136,112,514.87 |
| Closed | 902 | \$ 20,390,384.62 |
| Total | 11,609 | \$ 156,502,899.49 |

| Active_Closed | MangP | Customer_Count | Claims Received - Payable Amount |
|---------------|-------|----------------|----------------------------------|
| Active | 6l | 10,291 | \$ 132,509,699.19 |
| Active | 7l | 416 | \$ 3,602,815.68 |
| Closed | 6l | 824 | \$ 19,713,553.34 |
| Closed | 7l | 78 | \$ 676,831.28 |
| Total | | 11,609 | \$ 156,502,899.49 |

| SpendDown_Status | Customer_Count - Active |
|------------------|-------------------------|
| Unmet Spenddown | 9 |
| Met Spenddown | 407 |
| Total | 416 |

| Type_Of_Claim | Claims Received - Payable Amount |
|--------------------|----------------------------------|
| Inpatient | \$ 60,936,762.61 |
| Outpatient | \$ 35,942,290.61 |
| Pharmacy | \$ 26,869,759.17 |
| Other | \$ 32,754,087.10 |
| Grand Total | \$ 156,502,899.49 |

| Record_Type | Claims Received - Payable Amount |
|---------------------------|----------------------------------|
| Cook County Health System | \$ 65,945,790.97 |
| Other | \$ 90,557,108.52 |
| Grand Total | \$ 156,502,899.49 |

| RACE | Customer_Count - Active |
|-----------------------------------|-------------------------|
| American Indian or Alaskan Native | 115 |
| Asian Indian | 742 |
| Black or African American | 495 |
| Chinese | 231 |
| Filipino | 199 |
| Guamanian or Chamorro | 2 |
| Korean | 47 |
| Native Hawaiian | 1 |
| Other Asian | 274 |
| Other Pacific Islander | 441 |
| Samoan | 1 |
| Unknown | 3,727 |
| Vietnamese | 38 |
| White | 4,394 |
| Total | 10,707 |

| ETHNICITY | Customer_Count - Active |
|---|-------------------------|
| Another Hispanic, Latino, or Spanish origin | 1,223 |
| Cuban | 20 |
| Mexican, Mexican American, Chicano/a | 3,773 |
| Non-Hispanic/Latino | 2,970 |
| Puerto Rican | 65 |
| Unknown | 2,656 |
| Total | 10,707 |

| County | Customer_Count - Active |
|-----------------|-------------------------|
| Homeless | 91 |
| Out of Illinois | 3 |
| Adams | 3 |
| Alexander | 1 |
| Boone | 26 |
| Brown | 1 |
| Bureau | 9 |
| Cass | 4 |
| Champaign | 64 |
| Christian | 1 |
| Coles | 9 |
| Cook | 7,312 |
| Crawford | 2 |
| Cumberland | 1 |
| De Witt | 1 |
| DeKalb | 20 |
| Douglas | 3 |
| DuPage | 833 |
| Effingham | 6 |
| Fayette | 2 |
| 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 | 498 |
| Kankakee | 27 |
| Kendall | 43 |
| Knox | 8 |
| La Salle | 8 |
| Lake | 777 |
| Lee | 8 |
| Macon | 7 |
| Madison | 24 |
| McHenry | 128 |
| McLean | 25 |
| Morgan | 3 |
| Ogle | 6 |
| Peoria | 74 |
| Perry | 1 |
| Randolph | 1 |
| Richland | 2 |
| Rock Island | 30 |
| Sangamon | 21 |
| St. Clair | 14 |
| Stephenson | 8 |
| Tazewell | 14 |
| Union | 4 |
| Vermillion | 6 |
| Warren | 2 |
| White | 1 |
| Whiteside | 3 |
| Will | 388 |
| Williamson | 7 |
| Winnebago | 147 |
| Woodford | 4 |
| Total | 10,707 |

Cook & Collar 9,159
% of Total 86%

| LANGUAGE_PREF | Customer_Count - Active |
|---------------------|-------------------------|
| African French | 8 |
| Albanian | 24 |
| Amharic | 3 |
| Arabic | 104 |
| Bengali | 4 |
| Bosnian | 5 |
| Chinese - Cantonese | 50 |
| Chinese - Mandarin | 135 |
| Czech | 1 |
| English | 4,491 |
| Farsi | 10 |
| French | 27 |
| German | 1 |
| Greek | 1 |
| Gujarati | 145 |
| Haitian Creole | 2 |
| Hindi | 71 |
| Hungarian | 2 |
| Indonesian | 1 |
| Italian | 3 |
| Khmer | 3 |
| Korean | 42 |
| Laotian | 2 |
| Lithuanian | 10 |
| Maltese | 1 |
| Mandingo | 1 |
| Other | 76 |
| Polish | 347 |
| Portuguese | 13 |
| Punjabi | 6 |
| Romanian | 19 |
| Russian | 97 |
| Serbian | 10 |
| Slovak | 1 |
| Spanish | 4,769 |
| Tagalog | 40 |
| Thai | 7 |
| Tigrinya | 3 |
| Turkish | 8 |
| Ukrainian | 52 |
| Urdu | 81 |
| Uzbek | 1 |
| Vietnamese | 30 |
| Total | 10,707 |

Immigrant Adults 55-64
(Report Run Date: 5/10/2022)

MangPCd MangPCdDesc
NI Benefit Coverage for Immigrant Adults

| Active_Closed | Customer_Count | Claims Received - Payable Amount |
|---------------|----------------|----------------------------------|
| Active | 1,823 | \$2,065,501.96 |
| Closed | 83 | \$46,758.27 |
| Total | 1,906 | \$2,112,260.23 |

| Type_Of_Claim | Claims Received - Payable Amount |
|--------------------|----------------------------------|
| Inpatient | \$1,497,914.61 |
| Outpatient | \$278,099.10 |
| Other | \$336,246.52 |
| Grand Total | \$2,112,260.23 |

| Record_Type | Claims Received - Payable Amount |
|---------------------------|----------------------------------|
| Cook County Health System | \$1,493,694.18 |
| Other | \$618,566.05 |
| Grand Total | \$2,112,260.23 |

| RACE | Customer_Count - Active |
|-----------------------------------|-------------------------|
| American Indian or Alaskan Native | 12 |
| Asian Indian | 45 |
| Black or African American | 57 |
| Chinese | 14 |
| Filipino | 22 |
| Guamanian or Chamorro | 1 |
| Korean | 6 |
| Other Asian | 33 |
| Other Pacific Islander | 79 |
| Unknown | 721 |
| Vietnamese | 2 |
| White | 831 |
| Total | 1,823 |

| ETHNICITY | Customer_Count - Active |
|---|-------------------------|
| Another Hispanic, Latino, or Spanish origin | 250 |
| Cuban | 2 |
| Mexican, Mexican American, Chicano/a | 913 |
| Non-Hispanic/Latino | 295 |
| Puerto Rican | 1 |
| Unknown | 362 |
| Total | 1,823 |

| County | Customer_Count - Active |
|--------------|-------------------------|
| Homeless | 17 |
| Boone | 1 |
| Bureau | 3 |
| Champaign | 7 |
| Christian | 1 |
| Clinton | 2 |
| Coles | 2 |
| Cook | 1,366 |
| DuPage | 99 |
| Grundy | 3 |
| Jackson | 1 |
| Kane | 82 |
| Kankakee | 18 |
| Kendall | 4 |
| La Salle | 3 |
| Lake | 93 |
| Macon | 1 |
| Madison | 4 |
| McHenry | 12 |
| Ogle | 4 |
| Peoria | 1 |
| Randolph | 2 |
| Rock Island | 4 |
| St. Clair | 6 |
| Tazewell | 1 |
| Union | 2 |
| Will | 38 |
| Williamson | 1 |
| Winnebago | 45 |
| Total | 1,823 |

Cook & Collar 1,597
% of Total 88%

| LANGUAGE_PREF | Customer_Count - Active |
|---------------------|-------------------------|
| Amharic | 1 |
| Arabic | 9 |
| Bosnian | 1 |
| Chinese - Cantonese | 2 |
| Chinese - Mandarin | 8 |
| English | 584 |
| Gujarati | 9 |
| Hindi | 4 |
| Khmer | 1 |
| Korean | 6 |
| Other | 4 |
| Polish | 41 |
| Romanian | 2 |
| Russian | 7 |
| Spanish | 1,119 |
| Tagalog | 2 |
| Thai | 1 |
| Ukrainian | 13 |
| Urdu | 6 |
| Vietnamese | 3 |
| Total | 1,823 |

**ABE Manage My Case, Appeals, and FFM stats
For MAC Public Education Subcommittee
Cumulative**

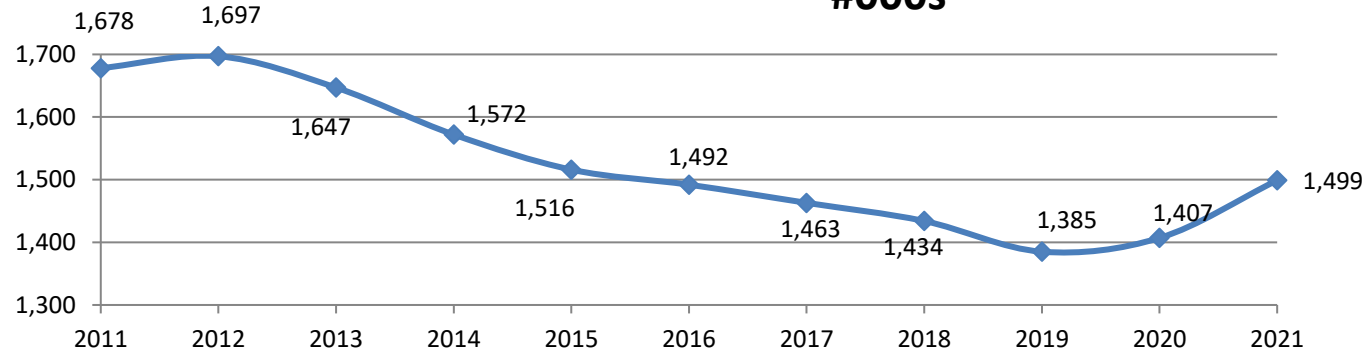
| | 6/2/22 | 4/5/22 | 11/12/21 | 9/22/21 | 7/20/21 | 5/17/21 | 3/24/21 | 1/17/21 | | 7/31/18 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|---------|
| ABE MMC Accounts Linked | 1,831,560 | 1,785,581 | 1,660,335 | 1,606,098 | 1,541,878 | 1,479,908 | 1,425,656 | 1,351,206 | | 329,244 |
| Renew My Benefits * | 605,140 | 583,816 | 534,593 | 516,821 | 488,687 | 455,509 | 430,604 | 397,791 | | 97,679 |
| Report My Changes | 516,472 | 500,110 | 456,158 | 435,716 | 414,239 | 395,368 | 379,609 | 358,532 | | 63,762 |
| Program Adds | 257,518 | 248,597 | 223,581 | 210,598 | 198,467 | 188,547 | 180,968 | 170,717 | | 22,908 |
| Member Adds | 43,201 | 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 | 211,718 | 211,717 | | 34,357 |
| | | | | | | | | | | |
| Appeals submitted | 120,474 | 118,091 | 110,831 | 107,721 | 104,547 | 101,682 | 98,882 | 95,053 | | NA |
| | | | | | | | | | | |
| FFM cases received since 11/17 | 678,415 | 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 | 6,989 | 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

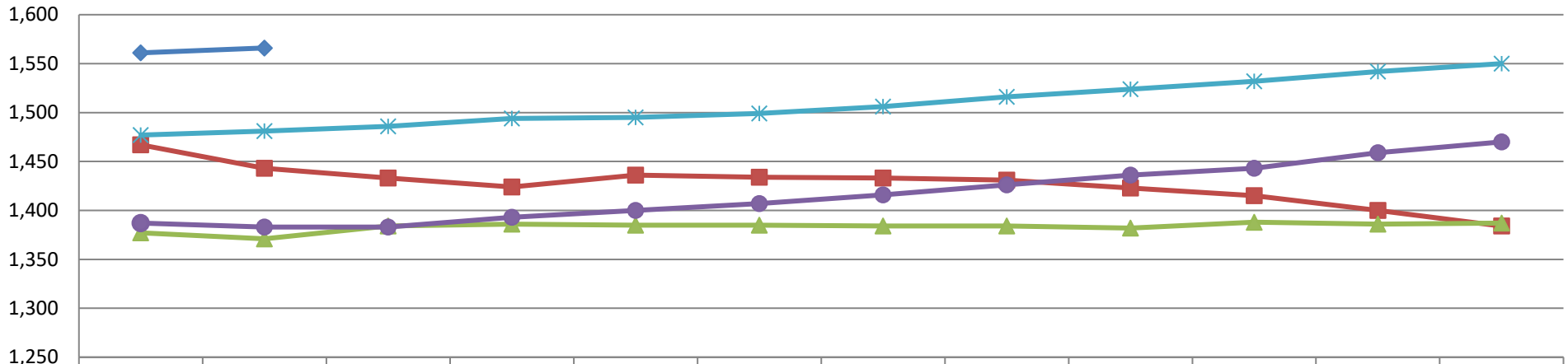
Enrolled Children End of FY11-21 #000s



| 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 |
|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 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 | 1,532 | 1,542 | 1,550 |
| 2022 | 1,561 | 1,566 | | | | | | | | | | |

| 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 | End of Month 2022 | Enrolled Children #000s |
|-------------------|-------------------------|-------------------|-------------------------|-------------------|-------------------------|-------------------|-------------------------|-------------------|-------------------------|
| Jan | 1,467 | Jan | 1,377 | Jan | 1,387 | Jan | 1,477 | Jan | 1,561 |
| Feb | 1,443 | Feb | 1,371 | Feb | 1,383 | Feb | 1,481 | Feb | 1,566 |
| Mar | 1,433 | Mar | 1,384 | Mar | 1,383 | Mar | 1,486 | Mar | |
| Apr | 1,424 | Apr | 1,386 | Apr | 1,393 | Apr | 1,494 | Apr | |
| May | 1,436 | May | 1,385 | May | 1,400 | May | 1,495 | May | |
| June | 1,434 | June | 1,385 | June | 1,407 | June | 1,499 | June | |
| July | 1,433 | July | 1,384 | July | 1,416 | July | 1,506 | July | |
| Aug | 1,431 | Aug | 1,384 | Aug | 1,426 | Aug | 1,516 | Aug | |
| Sept | 1,423 | Sept | 1,382 | Sept | 1,436 | Sept | 1,524 | Sept | |
| Oct | 1,415 | Oct | 1,388 | Oct | 1,443 | Oct | 1,532 | Oct | |
| Nov | 1,400 | Nov | 1,386 | Nov | 1,459 | Nov | 1,542 | Nov | |
| Dec | 1,384 | Dec | 1,387 | Dec | 1,470 | Dec | 1,550 | Dec | |