

MEDICAID ADVISORY COMMITTEE (MAC)

August 1, 2025

Special Meeting | Virtual WebEx

10AM – 12PM



HFS

Illinois Department of
Healthcare and Family Services



HFS

Illinois Department of
Healthcare and Family Services

OUR VISION FOR THE FUTURE

We improve lives.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responsive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.

This is possible because:

- ▶ **We value our staff
as our greatest asset.**

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

- ▶ **We are always
improving.**

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

- ▶ **We inspire
public confidence.**

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.



I.

Call to Order

Presenter: Audrey Pennington, MAC Chair



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MAC Chair

Audrey Pennington



As the Chief Operating Officer of Aunt Martha's Health & Wellness, Audrey Pennington is responsible for ensuring the efficiency and excellence of the organization's integrated model of health care, child welfare and community wellness services.

In addition to working with the President & CEO to advance Aunt Martha's mission, vision, core values and strategic priorities, she is responsible for the day-to-day operations of more than 30 locations, including 23 community health centers, and over 800 employees. Aunt Martha's operations generate more than \$70 million annually, reaching nearly 70,000 patients and clients from over 650 communities across Illinois.

With close to 30 years of health care, finance, and executive experience, Audrey's role at Aunt Martha's has continued to evolve to meet the leadership demands of a tightly integrated organization and the increasingly complex needs of its patients, clients, partners and employees. She coordinates the leadership teams of the agency's three operating groups, including direct oversight of all health care services, supporting operational and clinical excellence, and fostering strong working relationships across all levels of the organization as well as with key partners.

She is at the forefront of the movement to promote a value-based, integrated model of services that cares for the whole person – body, mind and spirit. She has played an integral role in the use of technology to advance the accessibility, integration and quality of care. Her commitment to quality and total dedication to caring for the underserved is part and parcel of the culture of teamwork and accountability that drives Aunt Martha's forward.

Audrey originally joined Aunt Martha's in 2001 as Controller, and has held several senior administrative positions, including Executive Vice President of Health Services, Interim-Chief Financial Officer and Director of Health Finance. She earned a Bachelor of Science in Business Administration from the University of Illinois.



Welcome To The **MAC**

The **Medicaid Advisory Committee (MAC)** advises the Department of Healthcare and Family Services with respect to policy and planning related to the health and medical services provided under the department's Medical Programs including Medical Assistance, All Kids and FamilyCare pursuant to federal Medicaid requirements established at 42 CFR 431.12.



Comments or questions during the meeting

House Keeping

- If you are a Committee member and wish to make a comment or ask a question during the meeting, please use the WebEx feature to raise your hand, contact the host/co-host, or unmute yourself during QA sections facilitated by chair.
- Please state your full name when asking a question or passing a motion.
- If you are a member of the general public and wish to make a comment, you would have needed to register to make a public comment prior to the meeting. Instructions to make public comments have been provided for you in the public meeting posting located on the MAC webpage.
- If you have a question during the meeting, please utilize the Webex chat feature to send your question directly to the Committee chair or any of the host or co-host.

Meeting Basics

House Keeping

- Please note, this meeting is being recorded.
- To ensure accurate records, please type your name and organization into the chat.
- If possible, members are asked to attend meetings with their camera's turned on. Please be sure to mute your audio except when speaking.
- Please note that HFS staff may mute participants to minimize any type of disruptive noise or feedback

Meeting Basics

House Keeping

- The chair will try to address as many questions as possible during designated sections of the meeting. We recognize that due to the limited allotted time, your question may not be answered during the meeting, therefore be sure to visit the HFS Webpage for a list of helpful resources. Your questions are important to us and will help inform the development of future presentations and informational materials.

- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning has been provided for you today in the WebEx platform in several languages. Please email Melishia.Bansa@Illinois.gov in advance to report any requests or accommodations you may require or use the chat to alert me of challenges you may have encountered during the meeting.

- Patience, please – many meeting attendees may be new to MAC proceedings.

Summary of Agenda

Presenter:
Audrey Pennington, MAC
Chair

- I.** Call to Order
- II.** Roll call of MAC Committee Members
- III.** Introduction and Announcements for HFS staff
- IV.** Review and Approval of Meeting Minutes
- V.** HFS Leadership Comments
- VI.** Healthcare & Family Services Executive Report
- VII.** Subcommittee Reports & Recommendations
- VIII.** Public Comments
- IX.** Additional Business: Old & New
- X.** Adjournment



II.

Roll Call of Committee Members

Presenter: Melishia Bansa,
HFS Deputy Director, Community Outreach Boards and Commissions



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Roll Call of MAC Members

Amber Smock – Vice Chair
Access Living

Audrey Pennington – Chair *
Aunt Martha's Health & Wellness

Brian Cloch
Oak Street Health | Transitional Care Management

Howard Peters III*
HAP, Inc

Kathy Chan*
Cook County Health

Kim Mercer-Schleider
Illinois Council on Developmental Disabilities

Larry McCulley
SIHF Healthcare

Dan S. Lustig *
Haymarket Center

Flavia Lamberghini
UIC Pediatric Dentistry Department | Apple Dental Care

John J. Spears*
Foster Parent

Lettie Beatrice Hicks
COFI | Parent

Mary Cooley
Aetna Better Health of Illinois

Arti Barnes - Ex-Officio Non-Voting Member *
Illinois Department of Public Health



III.

Introduction of HFS Staff

Presenter: Melishia Bansa, Deputy Director of Community Outreach
| Boards and Commissions



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III.

Introduction and Announcements

Presenter: Dana Kelly, HFS Chief Of Staff
Melishia Bansa, Deputy Director of
Community Outreach | Boards and Commissions



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Tailored Care Management for Williams & Colbert Class Members Virtual Listening Session



Good morning,

The Department of Healthcare and Family Services (HFS) is hosting a virtual listening session from 10:00 AM to 12:00 PM on Monday, August 4, 2025, to solicit input on how to optimize the experience of Class Members who receive State services pursuant to the Williams and Colbert consent decrees.

Links to the flyer and Word document with additional information about the meeting, how to register and submit public comment, and accessibility services are below.

- [Flyer: Tailored Care Management for Williams & Colbert Class Members](#)
- [Public Meeting Notice: Tailored Care Management for Williams & Colbert Class Members](#)

Thank you,

Illinois Department of Healthcare and Family Services

ADVANCED REGISTRATION REQUIRED: PLEASE CLICK THIS LINK

[View this email as a Webpage](#)

We work together to help Illinoisans access high-quality healthcare and fulfill child support obligations to advance their physical, mental, and financial well-being.

Illinois Department of Healthcare and Family Services
217.782.1200

BAC | MAC

- Federal CMS finalized the Ensuring Access to Medicaid Services rule (the “Access Rule”) in April 2024, which, broadly, requires states to:

▶▶ Create and support a Beneficiary Advisory Council (BAC) composed solely of current and former Medicaid enrollees, their family members, and paid and unpaid caregivers.

✓ Create a Medicaid Advisory Committee (MAC), comprising a diverse array of stakeholders, including members drawn from the BAC.





IV.

Review and Approval of Meeting Minutes

Presenter: Audrey Pennington, MAC Chair





V.

HFS Leadership Comments

Presenter: Elizabeth Whitehorn, HFS Director



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HFS Director

Elizabeth (Lizzy) Whitehorn

Welcome To The MAC



HFS Director Elizabeth Whitehorn was appointed by Gov. Pritzker to lead the agency, effective Jan. Director Whitehorn has worked at the intersection of policy, law and politics throughout her career, most recently serving as First Assistant Deputy Governor, managing the healthcare and human services agencies, including HFS.


In that role, the Director played a leading role in Illinois' response to the COVID-19 pandemic, spearheaded the Children's Behavioral Health Transformation Initiative and worked closely on the Pritzker administration's efforts to expand access to reproductive healthcare and to launch a state-based healthcare exchange.

Director Whitehorn previously served in Governor Pat Quinn's administration, she has worked on multiple campaigns, and she started her career with Chicago Public Schools.



Response from MAC Members





VI.

1. Federal Updates

1.A.

OBBBA & Medicaid

Presenter: Emma Watters Reardon, Policy Director



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The Impact of H.R. 1 in Illinois

- Projected Coverage Losses:
 - KFF projects about **544,000 Illinoisans** will lose coverage.
 - Manatt projects about **330,000 Illinoisans** will lose coverage.
 - Internal HFS projections show that about **270,000 – 500,000 Illinoisans** will lose coverage due to the work requirements provision.
- Projected Funding Losses:
 - Manatt projects the state will face about a **\$51 billion reduction** in Medicaid expenditures in the next decade.
 - Internal HFS projections for certain provisions show the state will face at least **\$26 billion** reductions in federal funding in the next decade.
- Cuts to Medicaid compound with changes to the ACA Marketplace that make health coverage out of reach for many low-income people.



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OBBBA Provision	Effective Date
Freeze current and prohibit new provider taxes	July 4, 2025
Prohibit Medicaid funding to Planned Parenthood for 1 year	July 4, 2025
Cap new SDPs at 100% Medicare payment rates	July 4, 2025
Rural Provider Relief Fund	Application period will end no later than December 31, 2025
Narrow the definition of "qualified aliens"	October 1, 2026
6-month eligibility redeterminations for ACA adults	January 1, 2027
Work requirements	January 1, 2027 (January 1, 2029, with good faith effort determination)
Cost-sharing for ACA adults	October 1, 2028
Phase-down provider hold harmless threshold	October 1, 2028
Reduce current SDPs by 10 percentage points per year until the SDPs are no greater than 100% of Medicare	January 1, 2028
Modify "generally redistributive" provider tax criteria	Transition period of up to 3 years
Several other eligibility-related proposals	January 1, 2027 – October 1, 2029

Reform Provider Taxes

- Almost all states use provider taxes, in which states can levy taxes and assessments on a wide range of provider types, including hospitals and nursing facilities, to fund the state share and garner federal match to put back into the Medicaid system.
- Bill **freezes current provider taxes** as well as prohibits new ones at the time of enactment.
- Phases down the hold harmless threshold for provider taxes **from 6% to 3.5%** of net patient revenues (except for nursing home and intermediate care facilities) for expansion states starting October 1, 2028.
 - HFS anticipates about **\$4.8 billion** in loss of federal financial participation over the first 5 years of implementation.
- Bill modifies the criteria in determining whether a health-care related tax is considered “generally redistributive.” Effective upon enactment with a transition period TBD.
 - i.e., No taxing Medicaid businesses at higher rates than non-Medicaid businesses



State Directed Payments

- State directed payments (SDPs) allow states to direct Medicaid managed care organizations to make specific payments to providers.
- Bill caps new SDPs at **100% of Medicare payment levels** (110% for non-expansion states) upon enactment.
- Bill requires states to **reduce their current SDPs** by 10 percentage points per year until the SDPs are no greater than 100% of Medicare for expansion states starting January 1, 2028.
- This will require Illinois to reduce our directed payments to hospitals by about **\$3.4 billion** over the funding reduction period.



Mandatory Work Requirements

- These requirements mandate Medicaid customers prove they work or are involved in eligible activities in order to be eligible for benefits.
- Work requirements apply to non-disabled, Medicaid customers ages 19 – 64 without dependents under age 14.
- Current estimates show that between **270,000 – 500,000** Medicaid customers would lose coverage in Illinois.
- Effective January 1, 2027, though states can apply for a "good faith effort determination" exemption until January 1, 2029.



Eligibility and Cost-Sharing

- Requires states to conduct eligibility redeterminations for ACA expansion population adults **every six months**, as opposed to annually, effective January 1, 2027.
- **Limits retroactive coverage** for Medicaid to one month prior for ACA expansion adults and two months prior for other Medicaid eligibility categories and CHIP.
- Requires **cost sharing** for certain Medicaid expansion enrollees on or after October 1, 2028.
 - For expansion adults with income above 100 percent of the federal poverty level (\$15,560/year), states must impose copayments (up to \$35) on most services.



Overlap with DHS

- Congress passed major cuts to SNAP requiring near-immediate systems changes.
 - The bill cuts federal funding for SNAP, limits future benefit increases for SNAP recipients, and increases existing work requirements for SNAP eligibility.
 - Changes to work requirements will be effective as soon as 2025.
- HFS and DHS share the Integrated Eligibility System (IES).
- Systems changes take time and resources, and they require prioritization.

Coverage Penalties

- **Narrows the “qualified aliens”** – those non-citizens eligible for Medicaid benefits – to lawful permanent residents, certain Cuban immigrants, and individuals living in the U.S. through a Compact of Free Association (CoFA) effective October 1, 2026.
 - Refugees, parolees, asylees, victims of trafficking, and other groups currently considered qualified aliens would no longer qualify.



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Coverage Penalties, cont.

- Prohibits federal payments to **“prohibited entities”** that provide abortion services for a period of 1 year following bill enactment.
 - “Prohibited entities” are defined as certain non-profit family planning providers that offer abortions for reasons other than rape, incest, or a medical emergency and that received at least \$800,000 in Medicaid payments in 2023, including funds to “affiliates” or “nationwide health care provider networks.”
 - The funding ban applies to all services offered by such entities, including family planning services.
 - In essence, this is a targeted funding ban on Planned Parenthood (PP).
 - Preliminary injunction issued July 28.

In CY2024, Illinois received approximately \$4M in federal reimbursement for family planning services delivered to Medicaid customers at PPIL clinics that the state will no longer be eligible to receive after the prohibition.



Other Notable Proposals

- Establishes **rural provider relief fund** (total of \$50 billion for FFY 2026 – 2030) to support rural providers.
 - CMS required to approve or deny applications by December 31, 2025.
 - Funding to be distributed in \$10 billion annual allotments.
- Establishes **new 1915(c) home- and community-based waiver option** effective July 1, 2028.



Looking Ahead At Implementation

- Partner with DHS, DoIT, CMS, and other state agencies
- Building additional staff capacity
- Robust communication to customers



1.B.

OBBBA & SNAP

The Impact of Federal SNAP Cuts on Illinois Families

Presenter: Leslie Cully
IDHS Director of the Division of Family and Community Services



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The **Supplemental Nutrition Assistance Program** (SNAP) (formerly Food Stamps) **helps low-income people and families buy the food they need for good health.**



Benefits are provided on the Illinois Link Card - an electronic card that is accepted at most grocery stores. The program is managed by the Food and Nutrition Service (FNS) of the United States Department of Agriculture. The Department of Human Services administers the program in Illinois.



Eligibility is determined based on:

- income and expenses
- the number of persons who live and eat together



Households may be eligible for benefits with gross incomes less than **165% of the Federal Poverty Level (FPL)** or less than 200% FPL if the household includes elderly or disabled members (above the federal minimum of 130%).



- **\$4.7B in SNAP benefits** issued to Illinoisans, annually:
- **1.0M households**
- **~1.9M people**
- This includes **44,217 Veterans**
- Notably:
 - **37%** SNAP households have **older adults**
 - **45%** SNAP households have **children**
 - **44%** SNAP households have a person with a **disability**¹



\$7.2B

ECONOMIC IMPACT

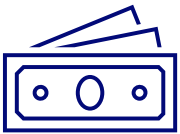
Annually on Illinois' GDP



18,254

JOBS

Supported across Illinois



\$966M

IN WAGES

Generated Annually

- For every \$1 in SNAP benefit, there is an economic impact of \$1.54 on communities², the threat to the entire \$4.7B, **threatens \$7.2B in positive economic impact for IL.**
- SNAP is responsible for **11,584 U.S. grocery industry jobs** and drove growth of nearly **6,670 jobs in supporting industries** (e.g., agriculture, manufacturing, transportation, municipal services).³
- Jobs required to administer SNAP at the grocery store level generated more than **\$476.3 million in grocery industry wages**. Paychecks earned by workers in supporting industries push the total to **more than \$966.6 million.**³

OBBBA changes threaten Illinois' SNAP program by:

1. Shifting costs to States

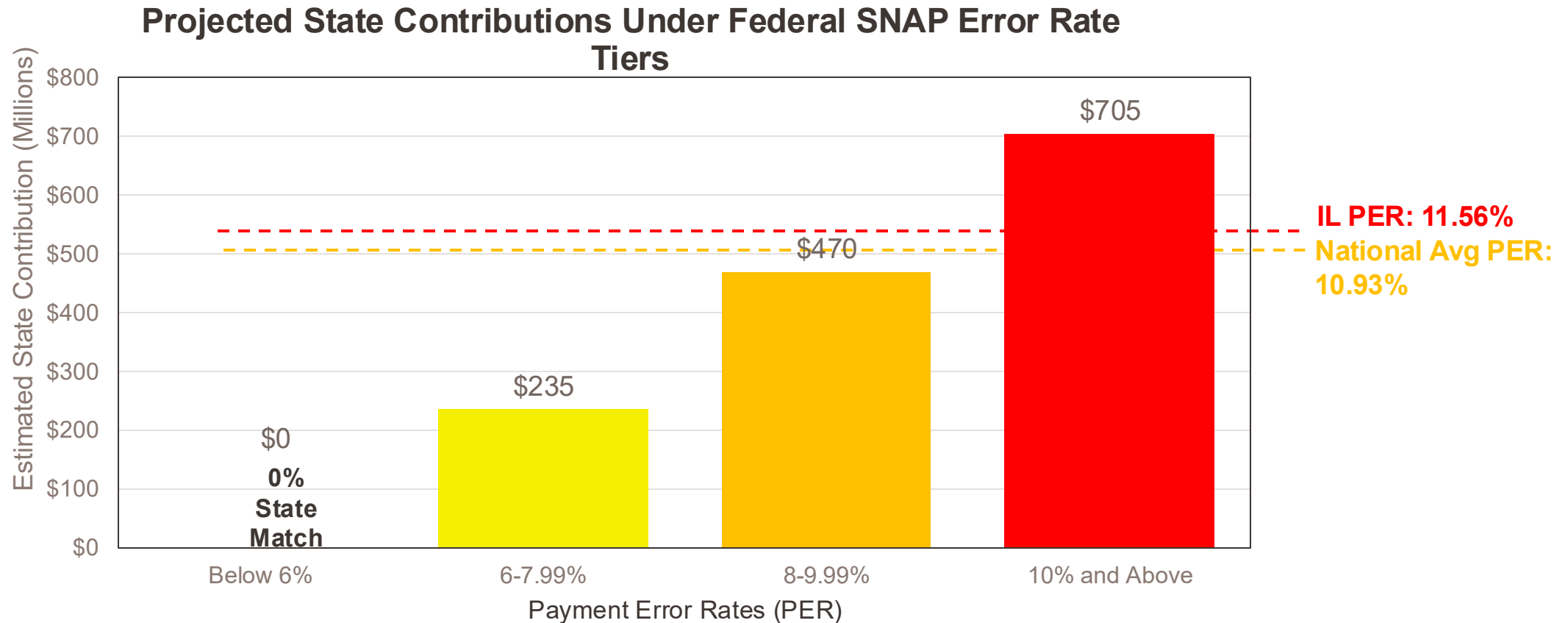
- **Forcing states to pay for benefits:** Since the program's inception more than 60 years ago, SNAP benefits have been 100% federally funded. Trump's budget bill forces states to incur some of the costs of benefits using the payment error rate **leading to an estimated annual State liability of \$705M.**
- **Reduces the federally funded portion of administrative costs:** Results in **more than \$80M annual loss in federal admin match** for the State.
- **Administrative Burden:** Conservatively, we estimate that ~258 FTEs would be needed to respond to the resulting application churn and change reports, costing over \$20M annually.

2. Changing eligibility for benefits

- Expands age range and reduces children considered "dependents," broadening people considered Able-Bodied Adults Without Dependents (ABAWDs).
- Removes exemptions from work requirements, subjecting ABAWDs and other people to work requirements.

3. Potentially eliminating cost of living adjustment through re-evaluation of Thrifty Food Plan.

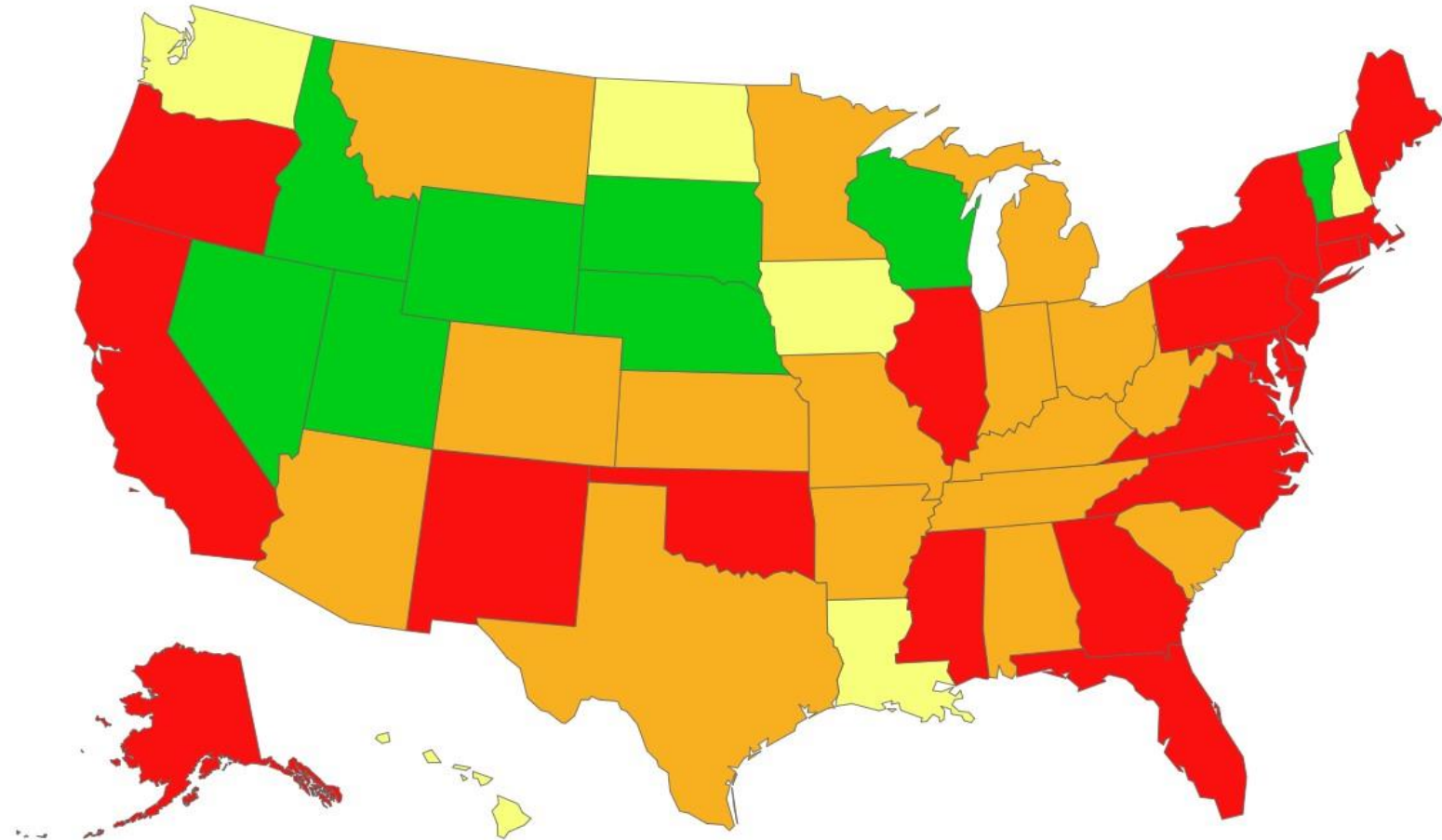
- **Context:** On average, annually, IL issues ~\$393M in benefits per month, totaling ~\$4.7B per year. Trump's budget bill would implement a State cost share of benefits based on the State's Payment Error Rate (PER).
- **Impact:** Illinois' **FFY24 SNAP payment error rate of 11.56%** would place the State in the 15% cost sharing bracket, leading to an estimated State liability of **\$705M**.



Proposed State Cost-Sharing Tiers Based on FY24 SNAP Payment Error Rates

**Nationwide FY25 data is not yet available.*

- Florida – 15.13%
- New York – 14.09%
- **Illinois – 11.56%**
- California – 10.98%
- Texas – 8.32%

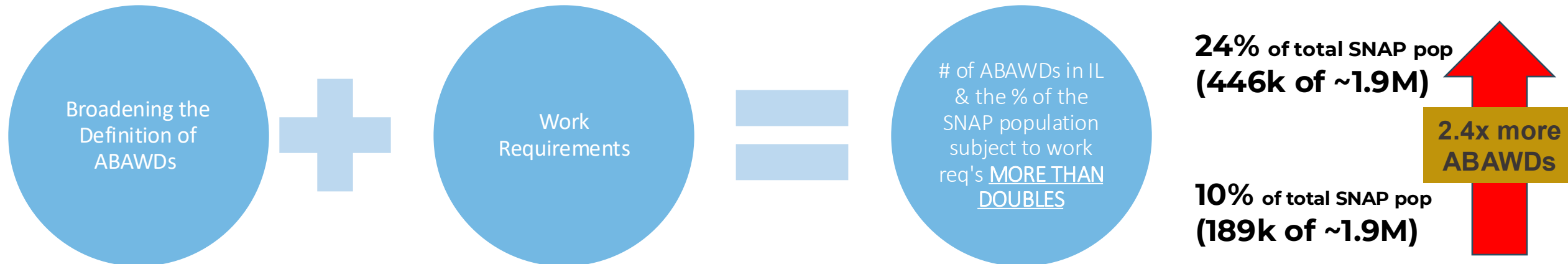


● Below 6%: 0% state match ● PER 6-7.99%: 5% state match ● PER 8-9.99%: 10% state match ● PER 10% or Above: 15% state match

- ☐ Implement IT tools and improvements to identify and reduce errors.
- ☐ Improve training tools and provide updated trainings (e.g., virtual reality training for interviews and de-escalation).
- ☐ Clarify and simplify policies, particularly for income and medical.
- ☐ As necessary, tighten customer documentation and verification requirements.

Able-Bodied Adults Without Dependents (ABAWDs) are adults 18-64 with no "dependent" children and no disabilities. They are often subject to **work requirements***, unless a state or county has an ABAWD work requirement waiver. Changes to ABAWD eligibility requirements include:

- **Broadening the Definition of ABAWDs:**
 - **Broadening age range and redefining "dependent":** Age range **expanded from 18-54 to 18-64 years old**. Now, "dependents" are children **under 14 years old**, rather than under 18 years old.
 - **Removing Exemptions:** Now, Veterans, people experiencing homelessness, and former foster children are subject to ABAWD work requirements.
- **Work Requirements:**
 - **Making Waivers Harder for States to Access:** Now, ABAWD work requirement waivers will only be permissible if the county or county-equivalent has an **unemployment rate above 10%** - a threshold which no IL county meets.



*Without a waiver, ABAWDs are subject to 80 hour/month work requirements that can be met through work, volunteering, education, or training

- Impacts:



Expanded ABAWD Population & Illinoisans At-Risk of Losing SNAP: Expanded definition increases the IL ABAWD population size from ~189,000 to ~446K. Based on historical data, an estimated **~340k ABAWDs would be at risk of losing benefits**. Of those at risk, historically, 45% would lose eligibility after the 3-month time limit. Amongst the ~340k, **23,000 unhoused, veterans, or youth aged out of foster care in IL** would lose their ABAWD exemptions.



Administrative Burden & Cost: Conservatively, we estimate that **~258 FTEs** would be needed to respond to the resulting application churn and change reports, costing over **\$20M annually**.



Economic Impact: Given that, during a slowing economy, for every \$1 in SNAP benefit, there is an economic impact of \$1.54 on communities², and assuming at-risk ABAWDs all constitute 1 person households receiving an average of \$208 per month, this implies potential **economic loss of \$110M/month**.

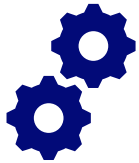
- **Context:** Reduces the federal portion of administrative costs from 50% to 25%. In FY2024, Illinois was reimbursed \$164M by the federal government for SNAP administration.

- **Impacts:**



Revenue Loss & Cost Shift

Results in a **more than \$80M loss in revenue/reimbursement** for the State, significantly reducing federal support for SNAP administration.



Service Delivery Strain

Impacts access to services by leaving the State with limited ability to address **staffing, IT infrastructure**, and **administrative operations** across SNAP programs, potentially increasing Payment Error Rates in the future.

- **Context:** Limits SNAP eligibility to U.S. citizens, lawful permanent residents, Cuban and Haitian entrants, and those allowed to live and work in the U.S. under Compacts of Free Association (COFA). Specifically, **removes ~20,000 legally present refugees, asylees, and humanitarian parolees.**

- **Impacts:**



Technology System Updates

The State's technological systems would require upgrades to reflect new eligibility criteria, including integration with federal verification databases and eligibility rule changes.



Increased Administrative Burden

IDHS staff will face additional workload gathering and verifying citizenship documentation, resulting in higher processing time and the use of additional taxpayer dollars.



Potential Loss of Eligibility

Up to 20,000 SNAP beneficiaries will no longer be eligible.

- **Context:** SNAP-Ed provides **nutrition education** and **health promotion** across Illinois, reaching **over 1 million residents** annually. The end of funding for this program would eliminate **statewide access** to these services in **schools, food pantries, health clinics, nonprofit organizations**, and more.
- **Impacts:** The de-funding of this program would eliminate **\$19.8M in federal allocation** (supporting hiring of over **270 FTEs through grantees**) and limit beneficiaries' ability to access educational materials on healthy eating recommendations and important changes to SNAP.

DEMONSTRATED IMPACT OF SNAP-ED



245 Communities Served with **1M+** Residents Reached



56,309 Direct Participants



5,060 cases of obesity & **570** cases of food insecurity prevented in IL per year³



\$5.36 return on investment estimated per dollar spent³

3. https://extension.illinois.edu/sites/default/files/2023-07/illinois_snap-ed_impacts_and_return_on_investment_infographic_fy20-fy22_final.pdf

1.C.

Medicaid Awareness

Presenter: Jamie Munks, Communications Director



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HFS Federal Resource Center

Federal Resource Center

Understanding the Impact of Federal Funding Cuts to Medicaid

The resources on this page are intended to help stakeholders understand how federal funding cuts contained in the 'One Big Beautiful Bill Act' (OBBBA) will impact Medicaid, which covers roughly 1 in 4 Illinoisans.

July 8, 2025

Statement from HFS Director Elizabeth M. Whitehorn:

"The federal Medicaid cuts will be devastating, as they will strip coverage away from many of our current customers, strain providers across the state, diminish funding for critical reproductive healthcare services, and bring major fiscal pressures for the state. HFS will do everything we can to minimize the harm of these cuts for Illinoisans."

Resources

Understand how federal cuts may impact Medicaid

- [Impact of federal changes to IL Medicaid - July 2025 \(pdf\)](#)
- [HFS Save Medicaid toolkit May 2025 \(pdf\)](#)
- [HFS preliminary analysis on Congressional proposals to cut Medicaid - March 2025 \(pdf\)](#)

Learn about Medicaid in Illinois

- [HFS Medical Programs](#)
- [HFS Medical Assistance Programs State Fiscal Year 2024 Annual Report – April 2025](#)
- [Illinois Medicaid Statewide Enrollment](#)
- [Illinois Medicaid Enrollment by County](#)
- [Illinois Medicaid Enrollment by Congressional District](#)
- [Understanding the Medicaid renewal/redetermination process](#)

Stay informed

Press releases

Stay informed about how federal cuts are affecting the Illinois Medicaid program!

<https://hfs.illinois.gov/info/fedresctr.html>



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VI.

2. Medical Programs Updates



2.A. Dual Eligible Special Needs Plans (D-SNPS) Background

- The federal Centers for Medicare & Medicaid Services (CMS) is requiring states to convert MMAI programs to dual special needs plans (D-SNP) or to end the program.
- The Illinois Department of Healthcare and Family Services (HFS) chose not to end the program
- Effective January 1, 2026, HFS will transition the MMAI program to the D-SNP model that provides the most care coordination between Medicare and Medicaid and puts the customer at the center - the fully integrated dual eligible special needs plan model (FIDE SNP).



Current Status

- Four managed care plans were awarded a D-SNP contract:
 - Aetna
 - Humana
 - Meridian
 - Molina
- All contracts were executed on Friday, July 25th and we are currently working with the D-SNP plans on implementation activities.
- Readiness Review activities started July 29th.
 - HFS will receive results by August 22nd.

Similarities Between MMAI and FIDE SNP

Current MMAI Program	FIDE SNP
Enrollee advisory committee	Required
Health risk assessment of members to include social risk factors	Required
Exclusively Aligned enrollment	Required
Capitation for Long Term Services and Supports (LTSS) & behavioral health	Required
Capitation for Medicare cost-sharing	Required
Unified appeals & grievances process for Medicare and Medicaid	Required
Continuation of Medicare benefits pending appeal (This is already required for Medicaid)	Required
Integrated member materials including one member id card	Required
Contract with CMS includes plans limited to duals living in-state only	Required
Mechanisms for joint Federal-State oversight	Required

Differences Between MMAI and FIDE SNP

Current MMAI Program	FIDE SNP
One three-way contract between CMS, HFS, and each MMAI plan.	Two Contracts <ul style="list-style-type: none">• State Medicaid agency contract (SMAC) between the FIDE SNP and HFS for Medicaid benefits and care coordination of Medicare and Medicaid benefits• CMS Contract between the FIDE SNP and CMS for Medicare benefits• The FIDE SNP customer will not see any differences because the FIDE SNPs, like the MMAI plans, will be a single managed care plan delivering both Medicaid and Medicare benefits.
Medicare and Medicaid Medical Loss Ratio (MLR) combined into a single MLR	Two MLRS: <ul style="list-style-type: none">• MLR for the SMAC; and• MLR for the CMS/FIDE SNP contract
HFS enrolls customer	FIDE SNP plan enrolls the customer



What is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)

- A FIDE SNP provides both Medicare and Medicaid benefits for the dually eligible population through a ***single managed care plan***
- Must have an approved contract with CMS and a contract with HFS to cover Medicaid benefits under a capitated Medicaid managed care model.
- A subset of Medicare Advantage plans that enroll individuals who are eligible for both Medicaid and Medicaid.
- Offer everything Original Medicare offers and include supplemental benefits and services not covered by Original Medicare.
- Supplemental benefits are more robust than those of standard Medicare Advantage Plans (MAP).
 - Covers all Medicare and Medicaid benefits, including long term care services.
 - Coordinates benefits using care management.
- Operate statewide.



FIDE SNP Enrollment

- Prior to October 15, 2025: No ability to enroll in the integrated FIDE SNPs.
- October 15 – December 7, 2025: Can enroll during Medicare Annual Enrollment Period (AEP).
- December 8-December 31, 2025: Can enroll using the integrated care special enrollment period (SEP) and have a start date of 1/1/2026.
- January 1– March 31, 2026: Someone who is already in a MAP (of any type) can use that period to change to a different MAP or go back to FFS Medicare.
- Beginning January 1, 2026:
 - Members can opt out of a FIDE SNP at any time and disenrollment will be effective the first day of the following month.
 - Members can enroll in a FIDE SNP at any time and enrollment will be effective the first day of the following month.



MMAI Enrollment Transition

- For the remainder of 2025, all current MMAI enrollees will remain in their MMAI plans until December 31, 2025 unless they take action to disenroll themselves from the MMAI plans.
- Individuals who would like to remain enrolled in the FIDE SNP affiliated with their existing MMAI plan **DO NOT** need to take any action for CY 2026.
- If a customer's MMAI plan is affiliated with a FIDE SNP offered in 2026, the customer will automatically be transferred to the FIDE SNP affiliated with the customer's existing MMAI plan starting January 1, 2026.
 - These individuals will receive Annual Notice of Change documents from their current MMAI plan around September 30, 2025 informing them of this transition and their options to select other forms of coverage if they wish.
 - Individuals who would like to remain enrolled in the same FIDE SNP plan as their current MMAI plan, do not need to take any action.



MMAI Enrollment Transition (continued)

- Customers who do not want to stay with their current MMAI plan or whose MMAI plan is offered by a plan that will not offer a FIDE SNP in 2026 (BCBS) can choose to enroll in a FIDE SNP or a non-integrated Medicare Advantage plan between
 - October 15, 2025 - December 7, 2025: The Medicare annual enrollment period (AEP); or
 - December 8 - December 31, 2025: The integrated care special enrollment period (SEP).
 - These customers will have a start date of 1/1/2026.
- Notice of Non Renewal: BCBS must mail letters (post marked no later than October 2, 2025) notifying their customers that they must choose a new plan either through the AEP or SEP.
- If BCBS customers do not choose to enroll in a FIDE SNP or other Medicare Advantage plan during 2025, CMS will automatically transition them to fee-for-service Medicare with a Part D prescription drug plan starting January 1, 2026.



How to Enroll in a FIDE SNP

- Beginning October 15, 2025, enrollment in a FIDE SNP can be done in one of these ways:
 - Select “Enroll” for the FIDE SNP at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare): This will be updated with Illinois FIDE SNPs a few days before October 15, 2025 and show the differences of the plans
 - Call the FIDE SNP or visit their website.
 - Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Enrollment is voluntary, customers can opt out at any time.
- FIDE SNPs are allowed to market but cannot begin marketing until October 1, 2025.
- Brokers can enroll and obtain compensation for enrollment.
- HFS does not enroll - the FIDE SNP enrolls.



Redetermination

- Currently, Illinois Medicaid customer are required to renew their coverage once a year to keep their health care benefits.
- **Customers must be on the lookout for their redetermination form in the mail.**
- The redetermination process is a way for customer to update their information and see if they still qualify for Medicaid.
- The process to renew coverage is simple, but if you have questions, call ABE Customer Service at (800) 843-6154 for assistance.
- You cannot qualify for a FIDE SNP unless you also qualify for Medicaid.



FIDE SNP Benefits

- FIDE SNPs cover all Medicare and Medicaid benefits including LTSS, behavioral health, transportation, home health (some home health is available only if enrolled in a waiver).
- FIDE SNPs have an integrated formulary of drugs that includes prescription drugs and over the counter drugs covered by Medicare Part D and Illinois Medicaid outpatient prescription drug benefit.
- Some benefits may require prior authorization or referrals.



Customer and Stakeholder Education

- HFS worked closely with Federal CMS to develop **templates for member materials** including member letters to ensure customers understand the transition process.
- We are also **leveraging existing partnerships** with the Department on Aging's Senior Health Insurance Program (SHIP), Home Care Ombudsman program, and AgeOptions to educate customers and stakeholders.
- **Advocacy organizations** have been an important part of the MMAI program, serving to empower customers and advocate on their behalf.
 - Illinois is committed to sustaining this work under the D-SNP model to help ensure customers continue to have a voice.



Resources

- Medicare.gov Special Needs Plans: [Special Needs Plans \(SNP\) | Medicare.](#)
- CMS D-SNPs Website: [Dual Eligible Special Needs Plans \(D-SNPs\) | CMS.](#)
- Justice in Aging: D-SNPs and What Advocates Need to Know [Dual Eligible Special Needs Plans \(D-SNPs\): What Advocates Need to Know - Justice in Aging.](#)
- HFS Website: Coming August 2025.



Questions

- HFS.DSNPInquiries@Illinois.gov



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2.B. **Managed Care Community Network (MCCN) Certification**

What is an MCCN?

- An MCCN is an entity, other than a Health Maintenance Organization (HMO) that is owned, operated, or governed by providers of health care services within Illinois. MCCNs provide or arrange primary, secondary, and tertiary managed health care under contract with HFS to persons participating in programs administered by the Department.



Managed Care Community Network (MCCN) Certification

- HFS is accepting applications from provider-led entities seeking certification as MCCNs in Cook County.
- Applications are available on the HFS website: <https://hfs.illinois.gov/medicalproviders/cc/mccn.html>.
- Applications are due by 11:59 PM on Monday, August 4, 2025. Applications received after the deadline will not be considered.
- Please note that applying for and being awarded MCCN certification does not guarantee or imply selection for any future Medicaid managed care contract opportunities.
- For information on MCCN eligibility criteria, standards, and requirements, please refer to [89 Ill. Adm. Code 143](#).
- Questions regarding the application should be directed to HFS.MCCN.Certification@Illinois.gov.



2.c. Illinois Medicaid Preventive Care and Education Organization (MPCEO)

- Adjusted tentative go-live date: September 1, 2025
- Go-live date was delayed for the following reasons:
 - ongoing readiness review
 - marketing approval process to outreach members
- Contract: <https://hfs.illinois.gov/info/procurement.html>



3. Legislative Update



3.A. Veto Session

- **October 14th – 16th**
- **October 28th – 30th**
- **HFS is currently working on developing agency initiatives**
- **HFS is also working to implement initiatives that have passed last session**



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4. Provider Revalidation



Revalidation Progress

- Ninth Cycle ended July 31st.
- Through June 2025:
 - All providers - 56,253 revalidations submitted = 65% completion rate;
 - Active Providers* - 36,065 revalidations submitted = 85% completion rate;
- Disenrolled providers are completing revalidation with a gap in eligibility;
- HFS continues outreach through email, social media, monthly town halls and provider organizations.

* Providers who have billed within the previous twelve months.



5. Eligibility



Redetermination Update

Presenter: Jacqueline Myers, BEI Bureau Chief



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Medical Applications

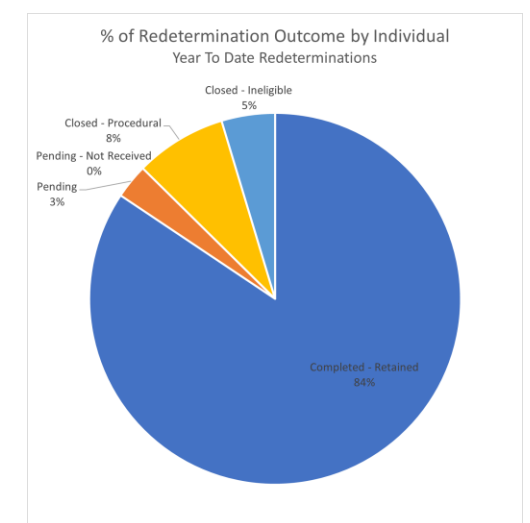
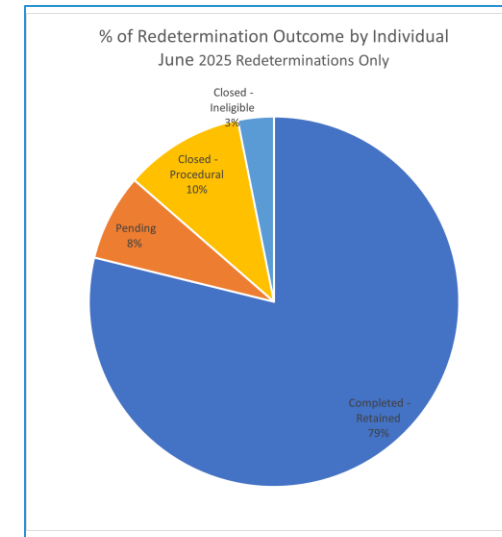
Application Processing by Month	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Apps Received (during month)	109,969	78,340	79,397	79,355	72,873	70,698
Apps Processed (during month)	105,657	90,199	112,573	102,559	82,444	76,518
Adjustment Factor	3,764	6,064	3,226	3,551	2,853	3,174
Apps On Hand (end of month)	161,080	155,285	125,335	105,682	98,964	96,318
<i>Apps On Hand over 45 days (end of month)</i>	<i>111,067</i>	<i>115,853</i>	<i>94,369</i>	<i>76,982</i>	<i>73,844</i>	<i>70,349</i>
Net Change in Apps On Hand (Total)	8,076	-5,795	-29,950	-19,653	-6,718	-2,646
Net Change in Apps On Hand (Over 45 days)	24,976	4,786	-21,484	-17,387	-3,138	-3,495



Redes by Status

Redetermination Status by Individual - June 2025													
Row Labels	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Grand Total
Completed - Retained	253,727	240,798	217,152	213,713	216,867	213,122	152,168	224,431	229,069	189,494	193,692	170,199	2,514,432
Pending	3,079	2,474	3,501	3,594	4,206	4,894	4,284	10,265	11,130	10,997	14,672	16,329	89,425
Pending - Not Received													0
Closed - Procedural	16,719	16,544	17,840	20,210	19,504	21,446	16,889	19,650	22,591	20,386	22,764	22,577	237,120
Closed - Ineligible	9,303	8,303	8,334	11,576	11,012	10,796	9,357	19,421	18,835	14,093	10,813	6,782	138,625
Grand Total	282,828	268,119	246,827	249,093	251,589	250,258	182,698	273,767	281,625	234,970	241,941	215,887	2,979,602

Status Type	Status Type Defined
Completed - Retained	Approved (Medical Benefits Continue)
Pending	Redetermination is received, but not yet processed
Closed - Procedural	Failed to respond to redetermination or failed to provide supporting information
Closed - Ineligible	Over income, refused to provide information, deceased, left the home, moved out of the state, customer request to withdraw/close case



Redeterminations Received During Reconsideration Period (90 Days)

Late Reconsideration Request Responses - 23/24													
Days Late/Outcome	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Grand Total
CLOSED - INELIGIBLE	2,416	2,767	2,617	3,225	2,848	3,052	2,323	2,629	2,833	2,068	1,579	1,088	29,445
Responded within 1-30 Days	1,162	1,249	1,152	1,564	1,294	1,486	1,124	1,143	1,365	1,058	947	528	14,072
Responded within 31-60 Days	180	239	196	240	283	183	169	199	194	142	14		2,039
Responded within 61-90 Days	117	100	131	171	103	125	85	87	79	1			999
Other	957	1,179	1,138	1,250	1,168	1,258	945	1,200	1,195	867	618	560	12,335
CLOSED – PROCEDURAL (VCL)	15,195	15,147	16,492	18,428	17,947	19,844	15,636	17,738	20,893	18,894	21,412	21,420	219,046
Responded within 1-30 Days	398	389	371	554	477	564	421	439	374	363	594	379	5,323
Responded within 31-60 Days	99	147	137	197	206	190	150	177	182	237	30		1,752
Responded within 61-90 Days	106	109	119	207	127	165	130	152	250	26			1,391
No Response	14,592	14,502	15,865	17,470	17,137	18,925	14,935	16,970	20,087	18,268	20,788	21,041	210,580
COMPLETED - RETAINED	15,146	14,517	13,657	14,008	13,671	17,687	12,294	11,842	13,879	10,397	9,307	6,368	152,773
Responded within 1-30 Days	9,378	8,321	7,851	8,026	8,007	10,498	7,847	8,128	10,250	8,317	8,291	5,794	100,708
Responded within 31-60 Days	1,234	1,307	1,227	1,257	1,485	1,448	1,241	1,250	1,239	908	92		12,688
Responded within 61-90 Days	773	633	771	828	635	881	653	530	516	32			6,252
Other	3,761	4,256	3,808	3,897	3,544	4,860	2,553	1,934	1,874	1,140	924	574	33,125
PENDING	393	405	456	559	591	627	633	952	1,427	1,454	1,841	2,414	11,752
Responded within 1-30 Days	295	305	335	423	445	452	431	683	973	1,026	1,702	2,313	9,383
Responded within 31-60 Days	50	57	80	96	90	89	110	157	242	369	107		1,447
Responded within 61-90 Days	36	39	35	36	48	77	66	70	178	33			618
Other	12	4	6	4	8	9	26	42	34	26	32	101	304
Grand Total	33,150	32,836	33,222	36,220	35,057	41,210	30,886	33,161	39,032	32,813	34,139	31,290	413,016



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Presenter: Jacqueline Myers, Bureau Chief, Eligibility Integrity

5.A State Based Marketplace

Presenter: Kate Yager, Administrator, Division of Medical Eligibility



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Get Covered Illinois – (IL SBM) will launch November 1, 2025

- Get Covered Illinois (GCI), the state's official health insurance Marketplace will be available for 2026 Open Enrollment, **November 1, 2025 – January 15, 2026**
- On **October 1, 2025**:
 - New website and brand will launch: GetCoveredIllinois.gov
 - GCI Call Center will open: (866) 311-1119 / TTY - 711
- During the month of November, HFS will transfer Medicaid applicants who might be Marketplace eligible to HealthCare.gov for 2025 coverage and to [Get Covered Illinois](https://GetCoveredIllinois.gov) for 2026 coverage. After that, all Marketplace cases will be transferred to Get Covered Illinois.
- Any questions, please contact Stephani Becker, Deputy Administrator, State Based Marketplace stephanibecker@illinois.gov



5.B

HBIA

Presenter: Kate Yager, Administrator, Division of Medical Eligibility



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HBIA Program Sunset

- The Health Benefits for Immigrant Adults (HBIA) program, which served eligible individuals aged 42 to 64, was sunset effective July 1, 2025.
- The last day of medical coverage through HBIA was June 30, 2025.
- Final notices were mailed to customers June 20, 2025.
- The Health Benefits for Immigrant Seniors (HBIS) program, which serves qualifying individuals aged 65 and over, has not changed. If a current HBIA enrollee turned 65 in June or July 2025 and meet eligibility criteria, they will automatically be enrolled in the HBIS program.



Available Resources

- **Federally Qualified Health Centers and Free and Charitable Clinics**
 - Individuals who are currently enrolled in HBIA may continue to have access to care through hospital financial assistance programs and primary and preventative care at Federally Qualified Health Centers (FQHC) and free and charitable clinics that serve uninsured and underinsured people regardless of their immigration status and ability to pay.
 - More information and clinic locations are available online at:
 - <https://www.illinoisfreeclinics.org>
 - <https://iphca.org/health-center-locator>



Available Resources

- **Emergency Services**

- Individuals who are currently enrolled in HBIA will continue to have access to Emergency Medical for Noncitizens. This provides time-limited coverage for emergency services to individuals who are not eligible for other Medicaid eligibility categories solely due to their immigration status.
- In addition to traditional application pathways, hospitals may also apply on behalf of a customer.

- **End Stage Renal Disease (ESRD) Services**

- Noncitizens who are not eligible for comprehensive medical benefits who have End Stage Renal Disease (ESRD) may be eligible for certain dialysis, kidney transplantation, and post kidney transplantation services.
 - Contact HFS for additional information: 1-877-805-5312

- **Marketplace and Private Insurance**

- A small number of impacted customers may be eligible for Marketplace coverage and qualify for financial assistance. For free in-person help from a trained Navigator, go to <https://getcovered.illinois.gov/>.

Additional Resources

Illinois Department of Healthcare and Family Services

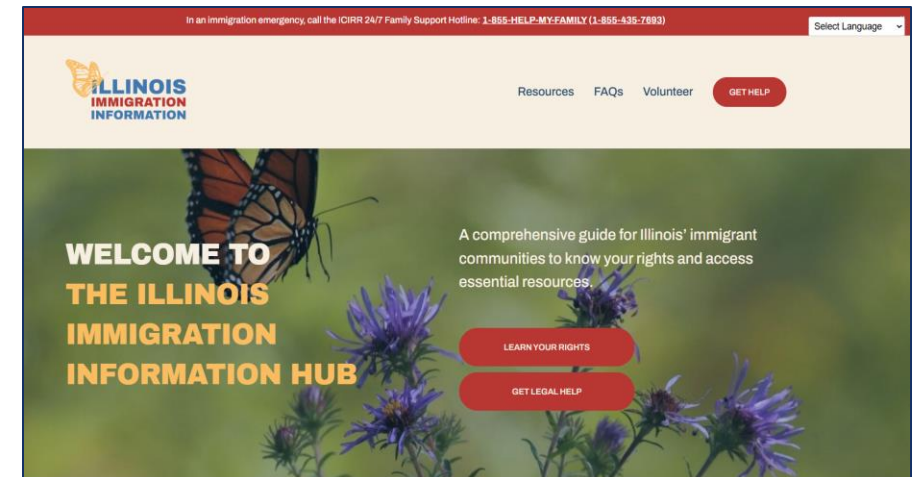
<https://hfs.illinois.gov/medicalclients/healthbenefitsforimmigrants/healthbenefitsforimmigrantadults.html>



HFS Customer Service: 1-877-805-5312

Illinois Immigration Information Hub

www.illinoisimmigrationinfo.org



5.C

VTTC/AATV

Presenter: Kate Yager, Administrator, Medical Eligibility



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Medical Changes for Asylum Applicants and Victims of Trafficking, Torture or Other Serious Crimes (AATV and VTTC)

[Public Act 104-0009 \(SB 2437\) Medicaid Omnibus](#)

- Effective January 1, 2026:
 - [Article XVI](#) : Removed reference to Victims of Trafficking, Torture and Other Serious Crimes (VTTC). Article XVI now only applies to SNAP and Cash.
 - [Article V](#) : Added reference to the *non-financial requirements*, in addition to the financial requirements, to receive medical.
 - Single adults without derivative family member(s) will now be eligible to receive medical.
- Medical eligibility includes:
 - Persons who have filed an application for asylum, T visa, or U visa
 - Persons who are receiving federally funded torture treatment
 - Derivative family members of persons from 1 and 2, or as provided by Dept. rule
 - U visa holders
- For Asylee applicants, T visa applicants, and U visa applicants, as well as derivative family members where applicable: Medical coverage is limited to 24 *continuous* months but may continue if an application or appeal is pending at the end of the 24 continuous months.



Victims of Trafficking, Torture, or Other Serious Crimes (VTTC) - SNAP and Cash

Public Act 104-0002 (HB 1075) Budget Implementation Act

- VTTC SNAP and cash amendments
 - Revised 2024 amendments as they relate to T visas and U visas in that single adults without derivative family members (DFM) will be eligible for VTTC Cash/Food assistance starting July 1, 2025.
 - Individuals preparing to file for Asylum, T, or U Visas remain ineligible for VTTC medical, food, and cash assistance.



Effective Dates Explanation

- Article 10 of the Medicaid Omnibus (PA 104-0009) is not effective until January 1, 2026 (see article 999 at the end of the Public Act).
 - This means the language struck at 305 ILCS 5/5-2 (20), which applies to medical eligibility for VTTC and derivative family members, *remains in effect through the rest of the year.*
- SNAP and cash changes were included in the Budget Implementation Act (PA 104-0002) that became effective July 1, 2025.
- Medical applications will be processed as usual through the end of the year.



6. Other Administrative Updates



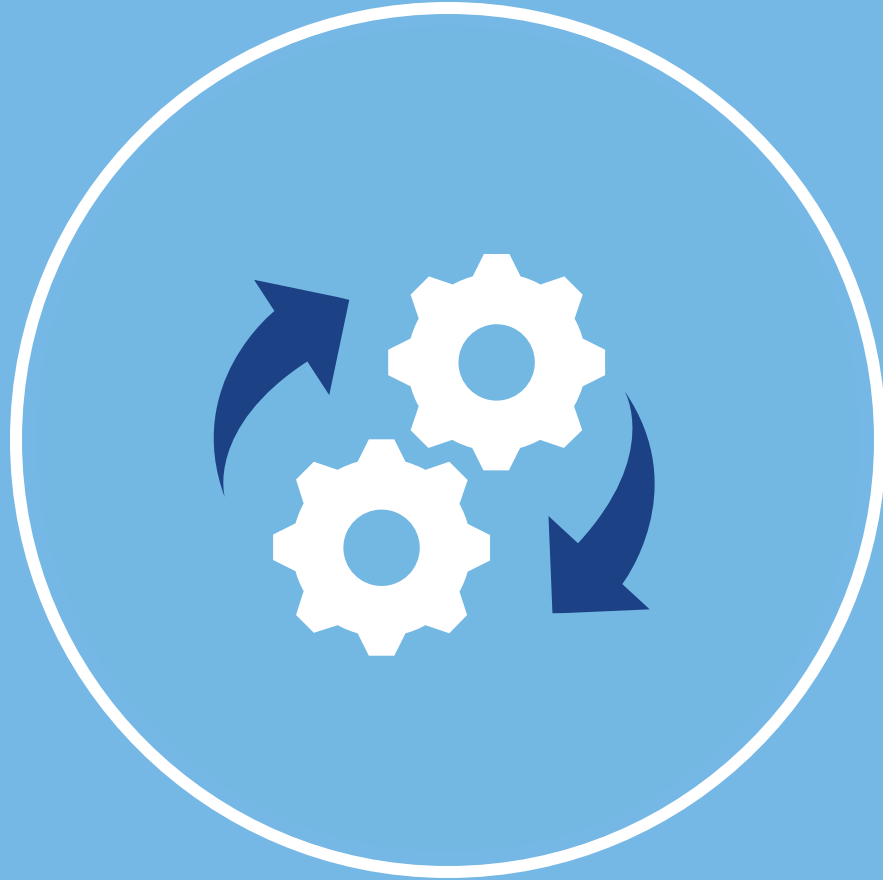
VII.

Subcommittee Reports & Recommendations

Presenter: Audrey Pennington, MAC Chair



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VII.A.

Autism Workgroup

Presenter: Melishia Bansa, HFS Deputy Director,
Community Outreach Boards and Commissions



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Updates: June 17 Meeting

- Call to Order
- Summary of Agenda
- General Meeting Operations and Communications
- Roll Call of Workgroup Members
- Introduction of HFS Staff
- Review and Approval of Meeting Minutes.
- HFS Leadership Comments
- **Nomination of Work Group Chair - Samantha Alloway (Arc of Illinois)**
- **In-Home Behavioral Health Aides for Youth with Autism: Dr. Dana Weiner, Chief Officer for Children's Behavioral Health Transformation**
- HFS Public Comments
- Additional Business: Old and New
 - Items For Future Discussion
 - Announcements
- Adjournment



VII. **B.**

Community Integration, Health Equity and Quality Care Subcommittee

Presenter: Co-Chair(s) Howard Peters, Amber Smock



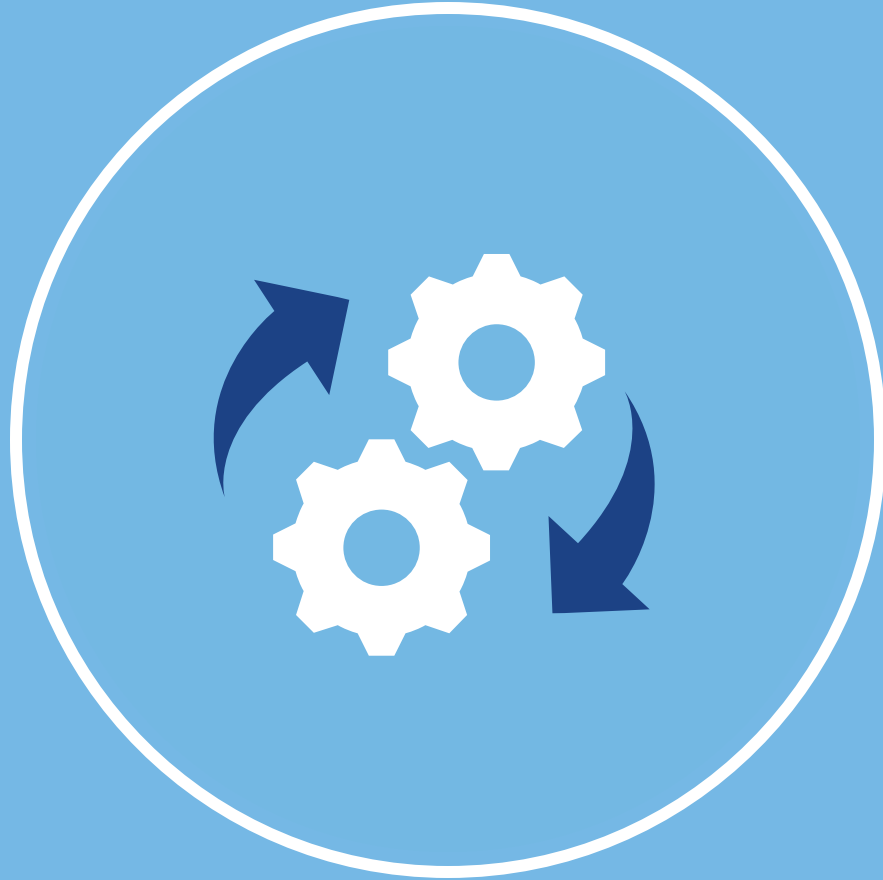
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B. Community Integration, Health Equity and Quality Care Subcommittee

- **New Charter Established May 2025**

The Community Integration, Health Equity, and Quality Care Subcommittee is established to advise the Illinois Medicaid Advisory Committee concerning strategies to improve Illinois Medicaid customer outcomes by ensuring that populations covered under Healthcare and Family Services' Medical Assistance Program have efficient, cost effective, and timely access to equitable, quality medical care and community services that meet their needs without discrimination based on race/ethnicity, gender, primary language, disability, sexual orientation, or socio-economic status and by developing recommendations on strategies to ensure that high quality long-term services and supports in the community are accessible and equitable for all seniors and persons with all types of disabilities. The subcommittee, comprised of a diverse group of stakeholders, will identify systemic barriers and propose solutions to achieving both greater community integration, and equitable high quality health care. These strategies will be informed by established evidence-based practices, stakeholder input, federal funding opportunities and programmatic requirements, and the practical realities of Illinois's medical programs, including waiver services.

- **New Membership Application Will be made available on the HFS Boards and Commissions Website By Aug 2025.**



VII.C.

NB Stakeholder Subcommittee Update

Presenter: Regina Crider, NB Subcommittee Chair



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N.B. Stakeholder Subcommittee

- N.B. Subcommittee met on June 23, 2025
- Heather Alderman from the Illinois Children's Health Care Foundation provided overview of Family Run Organization grant program
- Family Run Organizations are critical foundation for children's behavioral health system.
- HFS also funding Family Run Organizations through ARPA grant dollar supported partnership with Pathways Care Coordination and Support Organizations
- Future meetings will focus on review of program performance data from Quality Assurance Plan and review of Decision Support Criteria
- Updated Quarterly Pathways Provider and Recipient data report is on HFS website: [Pathways Public Reporting CY2025 Q2.docx](#)
- Next meeting of the N.B. Subcommittee is August 25, 2025



VII.D.

Public Education Subcommittee

Presenter: Nadeen Israel, Public Education Chair



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Pub Ed Subcommittee

1. Last meeting – 6/27/2025, 10am – 12pm
 - Updates shared, including regarding:
 - A. New(ish) managed care plan option, Managed Care Community Network (MCCN)
 - B. Medicaid Redetermination and Eligibility Data
 - C. Family Planning Enrollment
 - D. HBIA Program Sunset
 - E. Medical Changes for AATV and VTTC populations
 - F. Federal Budget Reconciliation bill
2. Requested additional updates regarding 1115 Behavioral Health Waiver as well as rollout of DSNIPS (formerly MMAI) in next MAC Public Education Subcommittee meeting
3. Next Meeting on August 22nd, at 10am – 12pm (virtual only)



VIII.

Public Comments

Presenter: Melishia Bansa, HFS Deputy Director, Community Outreach Boards and Commissions



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Public Comments

Name	Title	Org	Comment
NONE			



IX.

Additional Business: Old & New

Presenter: Audrey Pennington, MAC Chair



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MAC Old Business Maternal and Child Health Updates

Presenter: Timika Anderson Reeves, Special Assistant for Maternal and Child Health



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TMaH Pre-Implementation Update

Required Elements		
Pillar 1 Access, Infrastructure and Workforce	Pillar 2 Quality Improvement and Safety	Pillar 3 Whole-Person Care Delivery
<ul style="list-style-type: none">▪ Increase access to the midwifery workforce▪ Increase access to birth centers▪ Cover¹ Doula Services▪ Improve data infrastructure▪ Develop payment model	<ul style="list-style-type: none">▪ Support implementation of AIM patient safety bundles▪ Support “Birthing-Friendly” hospital designation	<ul style="list-style-type: none">▪ Increase risk assessments, screenings, referrals and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder, and HRSN▪ Increase Home Monitoring of diabetes and hypertension



MCH Workforce Updates

- Doula [Provider Notice issued 12/19/2024](#)– live
- Lactation Consultant [Provider Notice issued 12/19/2024](#) – live
- Home Visiting – pending
- Certified Professional Midwives – pending
- Medical caseworker (prenatal and postpartum case management in ambulatory setting) – pending



MCH Medicaid Doula Legislation

- Medicaid Doulas will no longer be counted as a support person or against the guest quota before, during, and after labor and childbirth
- All hospitals with licensed obstetric beds and birthing centers shall adopt and maintain written policies and procedures to permit a patient enrolled in the medical assistance program to have an Illinois Medicaid certified and enrolled doula of the patient's choice accompany the patient within the facility's premises for the purposes of providing support before, during, and after labor and childbirth



IX. **A.**

Items for Future Discussion

Presenter: Audrey Pennington, MAC Chair





IX. **B.**

HFS Announcements

Melishia Bansa, HFS Deputy Director, Community Outreach
Boards and Commissions



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Tailored Care Management for Williams & Colbert Class Members Virtual Listening Session



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Public Meeting Notice

Monday,
August 4, 2025
10:00 AM – 12:00 PM

Tailored Care Management for Williams & Colbert Class Members
Virtual Listening Session

Good morning,

The Department of Healthcare and Family Services (HFS) is hosting a virtual listening session from 10:00 AM to 12:00 PM on Monday, August 4, 2025, to solicit input on how to optimize the experience of Class Members who receive State services pursuant to the Williams and Colbert consent decrees.

Links to the flyer and Word document with additional information about the meeting, how to register and submit public comment, and accessibility services are below.

- [Flyer: Tailored Care Management for Williams & Colbert Class Members](#)
- [Public Meeting Notice: Tailored Care Management for Williams & Colbert Class Members](#)

Thank you,

Illinois Department of Healthcare and Family Services

ADVANCED REGISTRATION REQUIRED: PLEASE CLICK THIS LINK

[View this email as a Webpage](#)

We work together to help Illinoisans access high-quality healthcare and fulfill child support obligations to advance their physical, mental, and financial well-being.

Illinois Department of Healthcare and Family Services
217.782.1200



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Presenter: Dana Kelly, HFS Chief Of Staff



CY2024 Managed Care Program Annual Report (MCPAR) for Illinois

- The CY2024 Illinois MCPAR report has been finalized, submitted to CMS and posted on the HFS report center link at: [Report Center | HFS](https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/illinoiscy24mcparrreport062025.pdf) ; under “Misc”. CMS requires the Department to also share the link to the report with its MAC at a minimum.
- <https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/illinoiscy24mcparrreport062025.pdf>



Access Rule – MAC & BAC

1. **The Director must select members for the MAC for a term of length determined by the state, which may not be followed immediately by a consecutive term for the same member, on a rotating and continuous basis.**
 - A. The start of current MAC members' most recent term will be considered the start of the 3-year term appointment. They will not be eligible to serve a consecutive term, but they can serve again after a one-term break.
2. **Requires States to establish and operate a Beneficiary Advisory Council (BAC), effective July 2025.**
 - A. July 9, 2025, through July 9, 2026: 10% of MAC members must also be members of the BAC.
 - B. July 10, 2026, through July 9, 2027: 20% of MAC members must also be members of the BAC.
 - C. Thereafter: 25% of MAC members must also be members of the BAC.
3. **The MAC must submit an annual report to the State with review from the BAC, effective July 2026.**

Source: [Enables Life's Guide: Medicaid Program - Ensuring Access to Medicaid Services](#)



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Illinois Medicaid Customers: We want to hear from you!

What is a Beneficiary Advisory Council?

The Illinois Department of Healthcare and Family Services (HFS) is starting a Beneficiary Advisory Council (BAC), and we are looking for Medicaid customers and family members or caregivers to join. BAC members will share their experience to help us improve Medicaid and to shape future decisions about the program. Apply below to be an important part of the future of Illinois Medicaid.

Who can serve on the Beneficiary Advisory Council?



Lived Experience

You are someone that has personal experience with the Illinois Medicaid Program



Beneficiary

You are a current or former customer of the Illinois Medicaid Program



Family Member or Caregiver

You were a family member or caregiver (paid or unpaid) of a Medicaid customer

To Apply, scan or
click link below by
Aug 31, 2025



<https://forms.office.com/g/zpXFrGdcX>

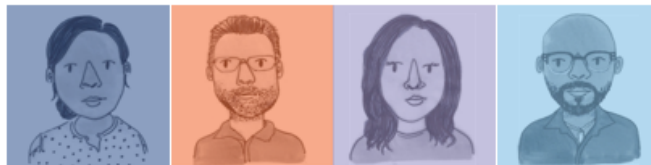
For more information, visit
HFS Boards and
Commissions webpage:
**Beneficiary Advisory
Council**

[https://hfs.illinois.gov/about/
boardsandcommissions.html](https://hfs.illinois.gov/about/boardsandcommissions.html)

Membership Requirements

- Serve at least a 2-year term
- Attend 4 quarterly 2-hour meetings, virtual or in person
- Additionally, 25% of BAC members are required to serve on the Medicaid Advisory Board (MAC)

HFS Boards and Commissions
Beneficiary Advisory Council (BAC)
New Membership Opportunities & Applications



Beneficiary Advisory Council (BAC)

Description

The Illinois Department of Healthcare and Family Services (HFS) is recruiting members for a Beneficiary Advisory Council, made up of current and former Medicaid customers and family members or caregivers with experience supporting Medicaid customers. Members will provide critical input on their experiences with the Illinois Medicaid program, which will help craft future policy developments aimed at improving the program for customers. Apply below to be part of the future of Illinois Medicaid.

Beneficiary Advisory Council (BAC) Member Application | 2025

This form is to apply to the Beneficiary Advisory Council (BAC).

Each Member will be asked these requirements:

- Serve at least a 2 year term.
- Attend 4 quarterly 2 hour meetings virtual or in person.
- Additionally, 25% of BAC members are required to serve on the Medicaid Advisory Board (MAC).

For More information, please visit the HFS Boards and Commissions page at <https://hfs.illinois.gov/about/boardsandcommissions.html>

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

For Additional Assistance:

If you require assistance completing the Beneficiary Advisory Council (BAC) application, we are here to help you. Please reach out to the Department of Healthcare and Family Services (HFS) at hfs.boardsandcommissions@illinois.gov or call 312.793.1045. If you send an email, please include the following title as the subject line of your email, "Request for Assistance with BAC Application."

Para asistencia adicional:

(Si necesita ayuda para completar la solicitud del Consejo Asesor de Beneficiarios (BAC), estamos aquí para ayudarle. Comuníquese con el Departamento de Salud y Servicios Familiares (HFS) a hfs.boardsandcommissions@illinois.gov o llame al 312.793.1045. Si envía un correo electrónico, incluya el siguiente asunto: "Solicitud de asistencia con la solicitud del BAC".)

Next

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HFS
Illinois Department of
Healthcare and Family Services

Presenter: Melishia Bansa, HFS Deputy Director, Community Outreach Boards and Commissions

Boards and Commissions

[Advisory Council on
Financing and Access to
Sickle...](#)

[Child Support Advisory
Committee](#)

[Child Welfare Medicaid
Managed Care](#)

Boards and Commissions

The HFS Boards and Commissions oversee and advise Illinois' elected officials, state agencies and organizations on a wide range of issues that affect the public welfare.

These boards and commissions also play a vital role in promoting efficient, effective, and honest government.

This listing below makes it easy for you to learn more about HFS Boards and Commissions and their membership.

Listing of HFS Boards and Commissions

MAC and Subcommittees E-mail Notification Request

You may choose to be notified when new information has been posted for the Medicaid Advisory Committee and its Subcommittees.

Fill in your E-mail address below and you will receive an E-mail with a link to view whenever something new has been posted.

E-mail address:

MAC & Subcommittee Resources

1. To receive MAC email notifications regarding public meeting notices, sign up for our MAC and Subcommittee Listserv:
 - a. [Medicaid Advisory Committee \(MAC\) | HFS \(illinois.gov\)](#)
 - b. [MAC and Subcommittees E-mail Notification Request | HFS \(illinois.gov\)](#)

MAC & Subcommittee Resources

B. The Illinois Department of Healthcare and Family Services (HFS) utilizes a range of social media accounts to better reach our customers and stakeholders. We encourage you to follow us on:

1. Twitter: <https://twitter.com/ILDHFS>
2. Facebook: <https://www.facebook.com/ILDHFS>
3. LinkedIn: <https://www.linkedin.com/company/ildhfs/>

for important news, announcements and alerts. And please spread the word to your own followers.

Together, let's keep those we serve well informed, educated and empowered!

Mandatory Ethics Trainings Reminder Email

All appointees must complete the following trainings on OneNet:

- 1 Security Awareness Training 2025
- 2 Diversity, Equity, Inclusion and Accessibility Training 2025
- 3 LGBTQIA+ Equity and Inclusion 2025
- 4 Ethics Training Program for State Employees and Appointees 2025
- 5 Harassment and Discrimination Prevention Training 2025
- 6 HIPAA & Privacy Training 2025

You can access the trainings at the following link: <http://onenet.illinois.gov/mytraining>

Please complete the trainings through OneNet by November 1, 2025. If anyone has any issues logging into OneNet, please email HFS.BureauofTraining@Illinois.gov





X.

Adjournment

Presenter: Audrey Pennington, MAC Chair



HFS

Illinois Department of
Healthcare and Family Services